

ORIGINAL

555

(4)

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

FILED

Name Callegari Carl (Last) (First) (Initial) C MAY 12 2008

Prisoner Number E-42666

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Institutional Address SALINAS VALLEY STATE PRISON - P.O. BOX 1050
SOLEDAD, CA. 93960

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

CARL LEE CALLEGARI

(Enter the full name of the plaintiff in this action)

CV

08

2420

Case No.

(To be provided by the clerk of court)

vs.

CHARLES D. LEE, M.D.HEALTH CARE MANAGER.WARDEN EVANS, ET AL.,

(Enter the full name of the defendant(s) in this action)

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983.

☒ DEMAND FOR JURY TRIAL
☐ NO JURY TRIAL DEMAND
(check one only)

All questions on this complaint form must be answered in order for your action to proceed.

I. Exhaustion of Administrative Remedies

Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

A. Place of present confinement SALINAS VALLEY STATE PRISON

B. Is there a grievance procedure in this institution?
YES (☒) NO (☐)

(5)

- C. Did you present the facts in your complaint for review through the grievance procedure? YES (☒) NO ()
- D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal APPEAL NUMBER D-07-04844
ON Nov, 4, 07 i wrote the WARDEN A APPEAL. informal level bypass.
 2. First formal level The First level was deny ON
12-17-07
 3. Second formal level The second level was Partially
Granted 1-14-08
 4. Third formal level ON 1-20-08 i sent the 3rd level
Appeal to Chief of inmate Appeals they refuse to answer and today is 4-28-08
- E. Is the last level to which you appealed the highest level of appeal available to you? YES (☒) NO ()
- F. If you did not present your claim for review through the grievance procedure, explain why. _____

II. Parties

Write your name and your present address. Do the same for additional plaintiffs, if any.

A. CARL LEE CALLEGARI - E-42616 -
SALINAS VALLEY STATE PRISON - P.O. BOX 1050 - D-7-219.
SOLEDAD, CA. 93960

Write the full name of each defendant, his or her official position, and his or her place of employment.

B. DOCTORS ^{RANDOLPH, NAVNEET} Gibbs, Adya, Rodriguez R, Bey LOVEASTA, Bowman-
Robert, SID RANY, CORDERO, REYNAL, MILANES. ANTHONY, K. BRANNON,

(6)

Charles D. Lee AND Nurses Mejias AND Nurse practitioner

Tyler, All work here at Salinas Prison, the director James Tilton
works in Sacramento, CA. AND C/O Jackie Hall
Also work here in Salinas Prison.

III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

In 2004 Doctor GIBBS told me Carl Lee Calleqari i had
Hepatitis, C, B, A, doctor Gibbs refuse to give me medical
Treatment. 9 months after i was found to have hepatitis, A, B, C,
I was suppose to get combination therapy, NEVER had NO treatment
for my hepatitis from doctor Gibbs. in 2005 while i was under
Doctor CORDERO medical care doctor CORDERO refuse to give
me medical treatment for my hepatitis. Also in 2005 while i was
under the care of doctor ADYA, doctor ADYA refuse to give
me treatment for my hepatitis. Also in 2005 Doctor milanes
Refuse to treatment me for my hepatitis while i was under
his medical care. Also while under the medical care of
Doctor Bey lovevasia in 2005 doctor Bey refuse to give me
medical treatment for my hepatitis. in 2006 while under
The medical care of doctor SID, doctor sid refuse to give me
Medical treatment for my hepatitis also in 2008 while under
The medical care of doctor SID, doctor SID refuse to
Give me medical treatment for my hepatitis. Also in 2007
While under the medical care of both doctors Bowman and
Rodrigues both doctors refuse to give me medical →

(7)

~~■ TREATMENT for my Hepatitis. in 2007~~
 % Jackie Hall humiliation of me by calling me dirty hepatitis
 Boy and telling other %s and inmates that i had hepatitis.

CONTINUE ON PAGE - 5

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

I ASK the COURT for damages of each defendant's ^{for} 2 million
 Dollars in Nominal, Compensatory, Punitive damages AND
 Punitive damages in the amount of 5 million dollars from
 The Director James Tilton AND PRELIMINARY INJUNCTION

DATED:

4-28-08

Carl Lee Collegari
 (Plaintiff's signature)

VERIFICATION
 (optional)

I am the plaintiff in the above-entitled action. I have read the foregoing complaint and know the contents thereof. The same is true of my own knowledge, except as to those matters which are therein alleged on information and belief, and as to those matters, I believe it to be true. I declare under penalty of perjury that the foregoing is true and correct.

Dated:

4-28-08

Carl Lee Collegari
 (Plaintiff's signature)

JURY TRIAL DEMAND
 (optional)

I demand a jury trial for all claims for which a jury trial is

Yes i demand A jury trial for all claims

ON NOV, 4, 07 I WROTE WARDEN EVANS APPEAL ASKING ⁽⁸⁾
 THE WARDEN TO LET ME GO TO A OUTSIDE DOCTOR FOR A
 SECOND OPINION BECAUSE I FEAR LIVING WITH HEPATITIS A, B, C,
 THE INFORMAL LEVEL WAS BYPASS AND NURSE MEJIAS ANSWER
 MY APPEAL AT THE FIRST LEVEL AND SAID THAT THERE WAS NO
 HEPATITIS C. NO HISTORY OF HEPATITIS C FOUND IN MY HEALTH
 RECORD. THIS IS THE PART THAT THE CRIMINAL ACTS STARTS
~~THE CRIMINAL ACTS STARTS~~

THERE IS NO HISTORY OF HEPATITIS A, B, C, BECAUSE THE
 NURSES AND DOCTORS DESTROY THE DOCUMENTS ABOUT THE
 HEPATITIS A, B, C, SO I REQUEST A SECOND LEVEL REVIEW
 DOCTOR K. BRANNON AND NURSE PRACTITIONER MS. D. TYLER
 ALSO JOIN IN ON THE ~~COVER~~ COVER UP. DOCTOR K. BRANNON
 AND NURSE PRACTITIONER MS. D. TYLER SAID THEY REVIEW
 MY UNIT HEALTH RECORD AND THERE WAS NO HISTORY OF HEPATITIS
 "C" FOUND!! AND THEY GO ON TO SAY THAT A NEW TEST
 FOR HEPATITIS A, B, C, HAS BEEN ORDERED.
 THIS IS CRIMINAL ACTIVITY BY THE DOCTORS AND NURSES AND
 WARDEN EVANS FOR DESTROYING DOCUMENTS OF MY HEPATITIS
 THAT WAS IN MY HEALTH RECORDS. BECAUSE I CARL LEE
 CALLEGARI HAVE THE DOCUMENTS ABOUT THE HEPATITIS A, B, C,
 ON JAN, 20, 2008 I SUBMIT BY MAIL REQUESTING A 3RD LEVEL REVIEW
 FROM THE DIRECTOR LEVEL. THE DIRECTOR LEVEL REFUSE TO ANSWER
 MY 3RD LEVEL APPEAL KNOWING THAT THIS IS CRIMINAL ACTIVITY BY THE
 DOCTORS AND NURSES. NOT ONLY DID THE DIRECTOR LEVEL KNOW IT'S
 CRIMINAL. THE DIRECTOR LEVEL REFUSE TO STOP THE CRIME OR TO GET ME
 MEDICAL HELP.

(11)



Here your honor is the appeal that I wrote AND WENT to the second level AT this prison AND also here is my OUT GOING LEGAL MAIL CARD showing that I sent this appeal to the 3rd director level.

EXHIBIT A

(12)

(12)

STATE OF CALIFORNIA
COUNTY OF MONTEREY

(C.C.P. SEC. 466 & 2015.5; 28 U.S.C. SEC. 1746)

I, CARL LEE CALLEGARI declare under penalty of perjury that: I am the APPELLANT in the above entitled action; I have read the foregoing document and know the contents thereof and the same is true of my own knowledge, except as to matters stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this JAN day of 17, 2008, at Salinas Valley State Prison, Soledad, California 93960-1050.

(Signature) Carl Callegari
DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL
(C.C.P. SEC 1013(a) & 2015.5; 28 U.S.C. SEC. 1746)

I, CARL CALLEGARI, am a resident of California State Prison, in the County of Monterey, State of California; I am over the age of eighteen (18) years and am/am not a party to the above entitled action. My state prison address is: P.O. Box 1050, Soledad, California 93960-1050.

On JAN, 17, 2008, I served the foregoing: 3rd APPEAL
RESPONSE - Log Number - SVSP-D-07-04844

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy(s) thereof, enclosed in sealed envelope(s), with postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas Valley State Prison, Soledad, California 93960-1050.

CHIEF OF INMATE APPEALS
DEPARTMENT OF CORRECTIONS
P.O. BOX 942883
SACRAMENTO, CA. 94283-0001

(List parties served)

There is delivery service by United States Mail at the place so addressed, and/or there is regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: JAN, 17 2008

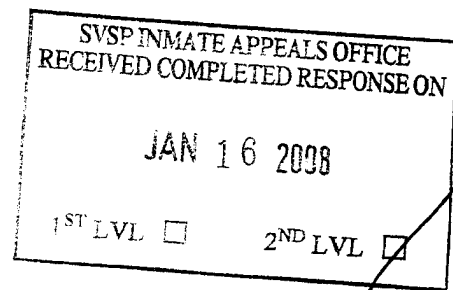
Carl Lee Callegari
DECLARANT/PRISONER

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: January 15, 2008

To: Inmate Callegari, E42616
Salinas Valley State Prison

Subject: SECOND LEVEL APPEAL RESPONSE LOG NUMBER-SVSP-D-07-04844

ISSUE:

Appellant is claiming that he has been told that he has been diagnosed with Hepatitis A, B, and C and that he is entitled to an outside doctor's opinion.

Appellant requests on appeal that he be sent to "a doctor on the outside for a second opinion".

INTERVIEWED BY: Registered Nurse S. Mejias on November 30, 2007..

REGULATIONS: The rules governing this issue are:

California Code of Regulations, Title 15 Section:

3350 Provision of Medical Care and Definition

3350.1 Medical Treatment/Service Exclusions

3354.1 Health Care Responsibilities and Limitations

SUMMARY OF INVESTIGATION:

The First Level of Review (FLR) was completed on December 17, 2007. Ms. D. Tyler, Nurse Practitioner, in collaboration with Dr. K. Brannon, Chief Physician and Surgeon (A), was assigned to investigate this appeal at the Second Level of Review (SLR). All submitted documentation and supporting arguments have been considered. Additionally, a thorough examination has been conducted regarding the claim presented, and evaluated in accordance with Salinas Valley State Prison (SVSP) Operational Procedures (OP); the California Code of Regulations (CCR); and the Departmental Operations Manual (DOM).

In the response at the FLR, the reviewer stated that the appellant's appeal had been denied. CCR Title 15 Section 3354 states that "health care personnel not employed by the department are not authorized to order treatment for an inmate. Such persons may offer opinions and recommendations for consideration by department health care staff." An inmate desiring to be "examined by a private physician, shall submit a written request to the institution head." There is no indication that the appellant did so prior to submitting this appeal therefore his request was denied. The appellant was requested to submit that written request to the institution head, and was asked to keep in mind, as stipulated in the Title

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Inmate Callegari, E42616
Case No. SVSP-D-07-04844
Page 2


15, that the "costs of such private consultations or examinations shall be paid by the inmate or the person requesting the service." However, the appellant's unit health record was reviewed and there is no history of hepatitis C found. He was informed of this and verbalized understanding.

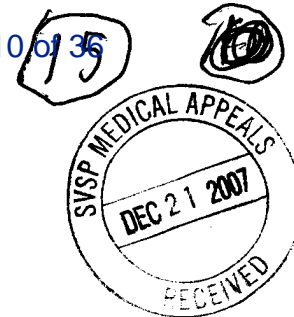
The appellant elevated his request to the SLR on December 20, 2007 stating that "this very same 602 is a written request to the Warden asking to be tested by a private doctor on the outside world! I swear in 2003 a doctor on C-yard told me that I have Hepatitis A, B, and C and the cops also told me the same. I would like to have a doctor on the outside test me!"

A thorough review of the appellant's Unit Health Record was conducted on January 14, 2008. The appellant's request is partially granted in that a new screening test for Hepatitis A, B, and C has been ordered and the appellant has been confirmed for an appointment with his Primary Care Provider to discuss the results in approximately six (6) weeks. The labs are processed and reported from an outside independent community laboratory. The appellant was also provided with information sheets on Hepatitis A, B, and C and was told that he may discuss any questions/concerns he may have about his status at the follow-up appointment.

DECISION: The appeal is Partially Granted.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.


CHARLES D. LEE, M.D.
Health Care Manager
Salinas Valley State Prison



INMATE APPEAL ROUTE SLIP

To: CTC / *Dr. Benson*

Date: December 21, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number **SVSP-D-07-04844** By Inmate CALLEGARI, E42616

Please assign this appeal to appropriate staff for **SECOND** level response.

Appeal Issue: MEDICAL

Due Date: **01/23/2008**

Special Needs:

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

T. VARIZ, CC-II / E. MEDINA CC-II
Appeals Coordinators
Salinas Valley State Prison

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INMATE APPEAL ROUTE SLIP

To: CTC

Date: November 6, 2007

From: INMATE APPEALS OFFICE

Re: Appeal Log Number **SVSP-D-07-04844** By Inmate **CALLEGARI, E42616**

Please assign this appeal to appropriate staff for **FIRST** level response.

Appeal Issue: MEDICAL

Due Date: **12/20/2007**

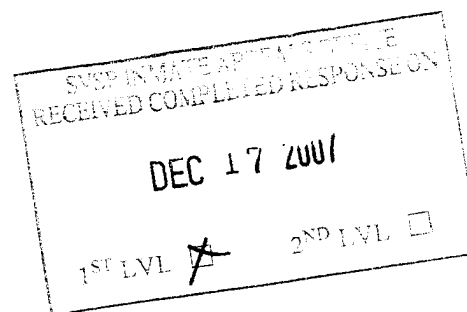
Special Needs:

STAFF INSTRUCTIONS: Per Director's Rule 3084.5(f) (2) first level appeal review requires a personal interview with the inmate unless the appeal is granted. This policy is not within the institution's jurisdiction and cannot be waived. Director's Rule 3084.5(f) (3) provides that a telephonic interview may be conducted if the inmate is not available in person.

Begin response with GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return appeal to the Appeals Office. All first level appeals require signature of the Division Head. Appeals that are incomplete will be returned for appropriate completion.

Refer to D.O.M. 54100 for instructions.

T. VARIZ, CC-II / E. MEDINA CC-II
Appeals Coordinators
Salinas Valley State Prison



17 18
2nd

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE APPEAL FORM

CDC 602 (12-87)

Location: Institution/Parole Region

Log No.

Category

D7

1.

2.

1.

2.

CTC ~~the~~

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

disagree w/ doctor @ Hep

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
CALLEGARI	E-42616		D-7-219

A. Describe Problem: Almost 4 AND HALF YEARS AGO A DOCTOR AT THIS PRISON TOLD ME THAT I HAD HEPATITIS A, B, AND C. \$354. HEALTH CARE RESPONSIBILITIES AND LIMITATIONS. I CAN WRITE YOU AND ASK FOR A OUTSIDE DOCTOR OPINION.

If you need more space, attach one additional sheet.

B. Action Requested: DUE TO THE FACT THAT I LIVE IN FEAR LIVING WITH HEPATITIS A, B, C, I ASK YOU WARDEN EVANS TO LET ME GO TO A DOCTOR ON THE OUTSIDE FOR A SECOND OPINION!

RECEIVED DEC 21 2007

Inmate/Parolee Signature:

Callegari

RECEIVED NOV 05 2007

Date Submitted:

Nov, 4, 07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



SVSP-D-07-04844 (Calleja)

First Level ☐ Granted ☐ P. Granted ☒ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 11-6-07 Due Date: 12-20-07

Interviewed by: RN S. Mejias on 11/30/07. Denied. CCR Title 15 Section 3354 states that health care personnel not employed by the department are not authorized to order treatment for an inmate. Such persons may offer opinions and recommendations for consideration by department health care staff." An inmate desiring to be "examined by a private physician, shall submit a written request to the institution head." There is no indication that you did so prior to submitting this appeal therefore your request is denied at this time. therefore your request is denied at this time. You are requested to submit that written request to the institution head. Please keep in mind, as stipulated in the Title 15, that the "costs of such private consultations or examinations shall be paid by the inmate or the person requesting the service." However, your unit health record was reviewed and there is no history of hepatitis C found. You were informed of this and you verbalized understanding.

Staff Signature: [Signature] Title: RN Date Completed: 12/10/07
 Division Head Approved: [Signature] Title: SRVZ Date Returned to Inmate: RETD DEC 18 2007
 Signature: [Signature]

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

THIS VERY SAME 602 IS A WRITTEN REQUEST TO THE WARDEN ASKING TO BE TESTED BY A PRIVATE DOCTOR ON THE OUTSIDE WORLD. I SWEAR IN 2003 A DOCTOR ON C-YARD TOLD ME THAT I HAVE HEPATITIS A, B, C, AND THE COPS ALSO TOLD ME THE SAME. I WOULD LIKE TO HAVE A DOCTOR ON THE OUTSIDE TEST ME.

Signature: Carl Calleja RECEIVED DEC 21 2007 Date Submitted: 12-20-07

Second Level ☐ Granted ☒ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 12-21-07 Due Date: 1-23-08

☒ See Attached Letter

Signature: [Signature] Date Completed: 1/14/08
 SUPERINTENDENT SIGNATURE: [Signature] Date Returned to Inmate: RETD JAN 17 2008

H. If dissatisfied, add data of reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

WHAT HAPPEN TO THE MEDICAL RECORDS OF THIS HEPATITIS? ONCE AGAIN I ASK FOR A OUTSIDE DOCTOR TO TEST ME. Doctor Adwa And Gibbs Doctor And doctor Todd All told me that i had HEPATITIS A, B, C, but NEVER GIVE ME TREATMENT. ALSO DR. PSYCH DOCTORS WILLIAMS AND TOBIN ALSO TOLD ME THAT I HAD HEPATITIS AND JO JACKIE HALL HUMILIATION ME A LOT OF TIMES TELLING ME I HAD HEPATITIS. I DO NOT TRUST THE MEDICAL STAFF - NEXT PAGE

Signature: Carl Calleja Date Submitted: JAN, 17, 08

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other
☐ See Attached Letter

(18)

Also Doctor Rodriguez told me (18)
I had Hepatitis but NEVER GAVE ME
MEDICAL TREATMENT AND doctor BOWMAN
Told me that i had hepatitis but
NEVER GAVE ME MEDICAL TREATMENT.
My witness to the fact that i WAS
Told i had hepatitis is ~~scribbled out~~
Psych doctors Williams AND tobin AND
Doctor Rodriguez which is a medical
Doctor on C-yard they will tell the
The truth. AND i would like to know
How did % Jackie Hall know that i
had hepatitis? How did % Jackie Hall
Get this information? From what doctor?
AND what happen to the medical records
of my hepatitis that these doctors said i
HAVE?? AND ALSO doctor SID KNEW
About this Hepatitis!

<u>DATE</u>	<u>CDC#</u>	<u>NAME</u>	<u>ADDRESSEE</u>
9/21/07	E42616	CALLEGARI	USDC, CLERK SAC CA 95814
9/24/07	E42616	CALLEGARI	F.B.I., LOS ANGELES, CA. 90024
10/16/07	E42616	CALLEGARI	U.S.C.APPEALS, 9TH CIRCUIT, SAN FRAN., CA. 94119
11/26/07	E42616	CALLEGARI	ASSOC. WARDEN-LEWIS, SOLEDAD, CA. 93960
1/22/08	E42616	CALLEGARI	CHIEF, INMATE APPEALS; SACTO, CA 94283
1/28/08	E42616	CALLEGARI	U.S.D.C.EAST. DIST. OF CA., SAC., CA. 95814

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Here your Honor is Documents
of the HEPATITIS

EXHIBIT B

LABORATORY REPORT



FOUNDATION LABORATORY
 620 S. Glendora Ave.
 Glendora, CA 91740
 (626) 914-3838 • Fax (626) 963-4470
M.Y. NASIR, M.D., LAB DIRECTOR
ALLEN JAY M.D., LAB DIRECTOR

SALINAS VALLEY STATE PRISON
 31625 HWY 101
 SOLEDAD, CA 93960
 CONTRACT# SV03011,

PATIENT NAME

Callegari, E42616

AGE DOB

SEX ID NO.

M E42616

ACCESSION NO.

542851

DRAWN DATE

4/05/04

RECEIVED DATE

4/05/04

TIME

REPORT DATE

4/08/04

TIME

9:04

PHYSICIAN

GIBBS, MD (SVSP)

PAGE

1

FINAL

TEST	ABNORMAL	RESULT	UNITS	REFERENCE RANGE
C8 226				
SECOND COPY TO LINDA ANDREWS, LVN				
LIPID STUDIES				
CHOLESTEROL, SER	209 H		mg/dL	100-200
DESIRABLE VALUE:		<200.0 MG/DL		
BORDERLINE RISK:		200.0-239.0 MG/DL		
HIGH RISK:		>240.0 MG/DL		
TRIGLYCERIDES		121	mg/dL	35-160
HDL CHOLESTEROL		51.2	mg/dL	
DESIRABLE VALUE:		>35.0 MG/DL		
NEGATIVE RISK FACTOR:		>60.0 MG/DL		
CHOLESTEROL/HDL		4.08	Ratio	3.0-4.8
LDL, SERUM (CALC)		134	mg/dL	
DESIRABLE VALUE:		<130.0 MG/DL		
BORDERLINE:		130-159 MG/DL		
HIGH:		>160 MG/DL		
VLDL		24	mg/dL	0-40
CARDIAC RISK	2.61 L		Ratio	3.03-5.37
HEPATITIS SCREEN				
HBsAg		NEGATIVE		NEGATIVE
HAV IgM		NEGATIVE		NEGATIVE
HBsAB				NEGATIVE
HEPATITIS C AB		POSITIVE		NEGATIVE
NO ANSWER FAXED 04/06/2004 @ 1344...LD				
HBc AB, IgM		NEGATIVE		NEGATIVE
HBc ANTIBODY IgM IS PRESENT IN HIGH TITERS DURING THE ACUTE PHASE OF HEPATITIS B INFECTION. THE PRESENCE OF HIGH TITERS OF HBc-AB IgM IS CONSIDERED THE BEST MARKER OF PRIMARY ACUTE HBV INFECTION.				
HBc TOTAL		POSITIVE		NEGATIVE
HAV A AB TOTAL		POSITIVE		NEGATIVE
Signature: _____				

8 APR '04 AM 10:33

LABORATORY REPORT



FOUNDATION LABORATORY
 620 S. Glendora Ave.
 Glendora, CA 91740
 (626) 914-3838 • Fax (626) 963-4470
M.Y. NASIR, M.D., LAB DIRECTOR
ALLEN JAY M.D., LAB DIRECTOR

SALINAS VALLEY STATE PRISON
 31625 HWY 101
 SOLEDAD, CA 93960
 CONTRACT# SV03011,

PATIENT NAME

Callegari, E42616

AGE

DOB

SEX

ID NO.

ACCESSION NO.

M E42616

555231

DRAWN DATE

5/03/04

RECEIVED DATE

5/03/04

TIME

23:21

REPORT DATE

5/11/04

TIME

14:14

PHYSICIAN

GIBBS, MD (SVSP)

PAGE

1

6:30

FINAL

TEST

ABNORMAL

RESULT

UNITS

REFERENCE RANGE

C8 226

MOLECULAR TYPING

HCV RNA QT (bDNA)

588,320 H

IU/mL

<615

THE LINEARITY OF THIS ASSAY IS BETWEEN 615 IU/ML (3200 HCV RNA COPIES/ML) AND 7,600,000 IU/ML (40,000,000 HCV RNA COPIES/ML) RESULTS OF LESS THAN 615 IU/ML INDICATE HCV VIRAL ASSAY IS BELOW THE LEVEL OF DETECTION FOR THIS ASSAY. THIS ASSAY IS INTENDED FOR RESEARCH ONLY AND NOT TO BE USED FOR DIAGNOSTIC PURPOSES.

METHOD: BAYER HCV RNA 3.0 ASSAY (bDNA)

HCV RNA GENO, LI

GENOTYPE 1b

INNO-LiPA (TM) CANNOT DISCRIMINATE BETWEEN SUBTYPE 2a AND 2c OR BETWEEN 4c AND 4d.

THIS TEST WAS DEVELOPED AND ITS PERFORMANCE CHARACTERISTICS DETERMINED BY QUEST DIAGNOSTICS NICHOLS INSTITUTE. IT HAS NOT BEEN CLEARED OR APPROVED BY THE US FDA. THE FDA HAS DETERMINED THAT SUCH CLEARANCE OR APPROVAL IS NOT NECESSARY. PERFORMANCE CHARACTERISTICS REFER TO THE ANALYTICAL PERFORMANCE OF THE TEST.

NICHOLS INSTITUTE 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 962690

Randolf Gibbs, M.D.
 Salinas Valley State Prison

Signature: *R Gibbs*

5/12/04

LABORATORY REPORT



FOUNDATION LABORATORY
1716 West Holt Ave.
Pomona, CA 91768
(909) 623-9301 • Fax (909) 623-9306
M.Y. NASIR, M.D., LAB DIRECTOR
ALLEN JAY M.D., LAB DIRECTOR

SALINAS VALLEY STATE PRISON
31625 HWY 101
SOLEDAD, CA 93960
CONTRACT# SV03011,

PATIENT NAME
Callegari, E42616

AGE	DOB	SEX	ID NO.	ACCESSION NO.
		M	E42616	732688

DRAWN DATE	RECEIVED DATE	TIME	REPORT DATE	TIME
4/06/05	4/06/05	23:45	4/12/05	13:11

PHYSICIAN
LEVINE, MD (SVSP)

PAGE
1

FINAL

TEST	ABNORMAL	RESULT	UNITS	REFERENCE RANGE
------	----------	--------	-------	-----------------

D6 118

MOLECULAR TYPING
HCV RNA QT(bDNA)

1324080 H

IU/mL <615

THE LINEARITY OF THIS ASSAY IS BETWEEN 615 IU/ML (3200 HCV RNA COPIES/ML) AND 7,600,000 IU/ML (40,000,000 HCV RNA COPIES/ML) RESULTS OF LESS THAN 615 IU/ML INDICATE HCV VIRAL ASSAY IS BELOW THE LEVEL OF DETECTION FOR THIS ASSAY. THIS ASSAY IS INTENDED FOR RESEARCH ONLY AND NOT TO BE USED FOR DIAGNOSTIC PURPOSES.
METHOD: BAYER HCV RNA 3.0 ASSAY (bDNA)

12 APR '05 PM 2:05

L. Bey. NP 4/14/2005

Signature: _____

24



List Chronic Diseases:

(1) CV HTN

(2) HED (A+B+)

(3) Mixed Bipolar (longer D)

HISTORY: (Attach a progress note form, if needed, to provide a more complete history.)

Current medications (if no pharmacy profile attached) and adherence since last visit:

see attached P/N

C. M. Harkn

RN SIGNATURE

Complaints/Problems: (Discuss in space provided)

CV/Hypertension: Chest Pain: ☐ Yes ☐ No SOB: ☐ Yes ☐ No

Asthma: # attacks since last visit: _____

short acting beta agonist canisters in last month: _____

visits to ETA for asthma since last visit: _____

times awakening with asthma symptoms per week: _____

Additional History: _____

Diabetes Mellitus: # of hypoglycemic reactions since last visit: _____

Seizure Disorder: # seizures since last visit: _____

Discussion: _____

CCP compliance (e.g. diet, exercise, medications): _____

EXAM: HEENT/Neck:

Heart:

Lungs:

Abdomen:

Extremities/Pulses:

Rectal:

Neurological:

Other (specify): _____

Comments on BP or Glucose Monitoring:

ASSESSMENT: Diagnoses

2.

3.

PLAN:

Medications:

Diagnostics:

Labs:

Monitoring: ☐ BP / Frequency:

(____ X day / week / month)

☐ Glucose / Frequency:

(____ X day / week / month)

☐ Peak flow ☐ Other:Education provided: ☐ Nutrition☐ Exercise☐ Smoking☐ Test Results☐ Medication Management☐ Other (specify): _____Referral: ☐ Specialist (indicate type): _____☐ Other Chronic Care ProgramInterval to next visit: ☐ 90 Days☐ 30 Days☐ Other ____ Days☐ Discharge from CCP (specify): _____

PROVIDER SIGNATURE

DATE

6-30-04

INSTITUTION

SVSP

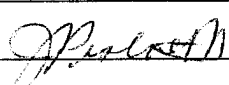
CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

E 42616

Callegari Carl

CHRONIC CARE
FOLLOW-UP VISIT

29 

DATE	TIME	PROB#	
8/23/2004	09:31		Adm Sec 43.40 Bm
			S: (history includes details pertinent to the patient's medical complaint) H/O of Verbal, abusive, battery
			① Requests referrals of A. M. S.
			② Hepatitis C + genotype 1b (DT A+)
			Blurred D / Adm D. Anger & Hostile outbursts
			O: (physical assessment) T: 97 ² P: 92 R: 20 B/P: 131/86 Wt: 195
			UA UN, AAD VS WNL A47 x 3 protrudes well
			Address M.D. & PN in hostile, angry, price demanding his BS etc.
			Discussions, respectful therefore dismissed until can return & coop of health professionals
			A: (medical/hsg diagnosis. MTAs may not independently analyze or interpret data.) Congestion Dysphagia Hepatitis C H/O of uncooperative tests, delays, consult to clinic referral
			P: (MTA - referral to a higher licensure for prioritization and evaluation.) (RN - action to be taken by the RN so that the patient receives appropriate medical care.) - Melanin & M. M.
			Refer to Hepatitis Eval Program but prob after due to Parole Per.
			med line 90 d.
			E: (education provided) problem discussed
INSTITUTION Salinas Valley State Prison			ROOM / WING FDB1T2000000207L 

OUTPATIENT INTERDISCIPLINARY
PROGRESS NOTES

CDC NUMBER, NAME, (LAST, FIRST, MI)

E42616

CALLEGARI, CARL

11/14/1960

26



DATE	TIME	PROB#	
4/21/2004			S: (history includes details pertinent to the patient's medical complaint)
			FD 10h 10min
			O: (physical assessment) T: 97.8 P: 81 R: 18 B/P: 120/82 Wt: 97% 02.
			11b. 45 Hepatitis ABC
			Abdomen. Jars. Bar
			- 4/21/04
			A: (medical/nsg diagnosis. MTAs may not independently analyze or interpret data.)
			① Hepatitis ABC
			P: (MTA - referral to a higher licensure for prioritization and evaluation.)
			(RN - action to be taken by the RN so that the patient receives appropriate medical care.)
			① M/25m AIF
			② P/25m AIF
			③ M/25m AIF
			E: (education provided)
			R. C. H.
INSTITUTION			ROOM / WING FCB8T2000000226L
OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES			CDC NUMBER, NAME, (LAST, FIRST, MI) E42616 CALLEGARI, CARL 11/14/1960

Institution: **SVSP**Clinician: **M. Williams, Ph.D.****L. Tobin, Ph.D.**Date: **4/3/07****II. HISTORY (Continued)****H. Medical History:**☐ None reported or documented☒ Significant head trauma

Mull, denies sig LOC

☐ Coma / Loss of Consciousness☐ Seizures☒ Other Relevant Medical Problems:

HTN, Hep A, B + C?

Hep C most recent in med chart.

I. Mental Health History:

1st MH tx - as child 2° dx probs 1x only.

☐ None reported or documented☐ Outpatient Care:☒ Inpatient Care:

MHC referral x2 in Oct/Nov 2000 2° seizures

☒ While Incarcerated:4A 1st. Ritalin, next MH in Pelican Bay 90 2° sht term
Depakote given. EOP 199 until 2000 otherwise 3x13.☒ At Parole Outpatient Clinic:

Declined tx b/c perceived 4gist was homosexual.

☐ Psychotropic Medication in last two years: NO**Substance Abuse History:**

Substance Used:

ETOH
Cocaine

Age of onset:

11 y/o
17 y/o

Frequency of use:

daily @ work
3x/wk

Duration of use:

Cont intermittently
stopped when incarcerated☒ Other information:SIB began to see documentary on "cutters" who harm
selves to relieve tension. 2 yrs ago. Hasn't found bx to relieve tension,
appears to utilize for 2ndary gain (get back to EOP).**J. Psychotropic Medication:**☐ None☐ Current Psychotropic Medications: See Page 1☒ Past Psychotropic Medications and Outcomes:Mull med tried, nothing helpful
last x in 90'sMENTAL HEALTH EVALUATION
CDCR 7386 (Rev. 06/06)
Confidential Client/Patient Information
Page 5 of 14

Last Name:

First Name:

Callegari, Carl

CDC #:

DOB:

E4266

11/4/60

28



DATE	TIME	PROB #	
5/21/2004			S: (history includes details pertinent to the patient's medical complaint)
10 th			lab. FU.
			AJ in prison
			O: (physical assessment) T: 97.8 P: 78 R: 17 B/P: 127/76 Wt:
Randolph Gibbs, M.D.			lab. AL 59
Salinas Valley State Prison			George 1 B
			W. in 100 am
			hpr ch
			A: (medical/nsg diagnosis. MTAs may not independently analyze or interpret data.)
			Hip ABC. / Genotype 10
			HIV.
			P: (MTA - referral to a higher licensure for prioritization and evaluation.)
			(RN - action to be taken by the RN so that the patient receives appropriate medical care.)
			MA
			Receives
			Receives
			FE
			AX
			E: (education provided)
			Gilw.
INSTITUTION Salinas Valley State Prison			ROOM / WING FCB8T2000000226L

OUTPATIENT INTERDISCIPLINARY
PROGRESS NOTES

CDC NUMBER, NAME, (LAST, FIRST, MI)

E42616

CALLEGARI, CARL

11/14/1960

List Chronic Diseases:

(1) HTN	(2) Hep C	(3)
---------	-----------	-----

HISTORY: (Attach a progress note form, if needed, to provide a more complete history.)
 Current medications (if no pharmacy profile attached) and adherence since last visit:

Complaints/Problems: (Discuss in space provided)

RN SIGNATURE

CV / Hypertension: Chest Pain: ☐ Yes ☒ No SOB: ☐ Yes ☒ No

Diabetes Mellitus: # of hypoglycemic reactions since last visit:

Asthma: # attacks since last visit:

Seizure Disorder: # seizures since last visit:

short acting beta agonist canisters in last month:

Discussion:

visits to ETA for asthma since last visit:

times awakening with asthma symptoms per week:

Additional History:

claims he is getting his med
new's problem

CCP compliance (e.g. diet, exercise, medications):

yes.

EXAM: HEENT/Neck:

Rectal:

Heart:

Neurological:

Lungs:

Other (specify):

Abdomen:

Extremities/Pulses:

Comments on BP or Glucose Monitoring:

115/77, 99°, B3, 20, 202

ASSESSMENT: Diagnoses

Degree of Control				Clinical Status			
G	F	P	NA	I	S	W	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAN:

Medications:

Diagnostics:

Labs:

Monitoring: ☒ BP / Frequency:☐ Glucose / Frequency:☐ Peak flow☐ Other:

(X day / week / month)

(X day / week / month)

Education provided: ☐ Nutrition☐ Exercise☐ Smoking☐ Test Results☐ Medication Management☐ Other (specify):Referral: ☐ Specialist (indicate type):☐ Other Chronic Care ProgramInterval to next visit: ☒ 90 Days☐ 30 Days☐ Other ____ Days☐ Discharge from CCP (specify):

PROVIDER SIGNATURE

DATE

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

INSTITUTION

CHRONIC CARE
FOLLOW-UP VISIT

E 42616
CALLEGARI, C
11-14-60

30



List Chronic Diseases:

HTN

HepC

HISTORY: (Include a progress note form, if needed, to provide a more complete history.)
 Current medications (if no pharmacy profile attached) and adherence since last visit:

Complaints/Problems: (Disease in space provided)

RN SIGNATURE

Chest Pain: ☐ Yes ☒ No SOB: ☐ Yes ☒ No

Asthma: # attacks since last visit?

Diabetes Mellitus: # of hypoglycemic reactions since last visit:

short acting beta agonist canisters in last month:

Seizure Disorder: # seizures since last visit:

visits to EFA for asthma since last visit:

Discussion:

times awakening with asthma symptoms per week:

Additional History:

Seborrhea
 Chronic constipation

CCP compliance (e.g. diet, exercise, medications):

EXAM: HEENT/Neck:

PERIA, 0.3ruit, 0.00
 0.00 0.00 0.00
 0.00 0.00 0.00

Rectal: defecated

Heart:

Neurological: intact

Lungs:

Other (specify):

Abdomen:

Seborrhea SCAP
 3/17 140/96 3/2 166/96

Extremities/Pulses:

Comments on BP or Glucose Monitoring:

97-2, 92, 118, 135/85, 200

ASSESSMENT: Diagnoses

HTN

HepC

immune to B & A
 ALT < 2xnl

PLAN:

Medications:

Same + Diltiazem

Diagnostics:

given 2p elevated last 2
 0.00 0.00

Labs:

CBC/SmA25/lymph/V.A

Monitoring:

BP / Frequency:

Glucose / Frequency:

Peak flow Other:

Education provided:

Nutrition

Exercise

Smoking

Test Results

Medication Management

Other (specify):

HepC

Toe nail fungus

Referral:

Specialist (indicate type):

Other Chronic Care Program

Interval to next visit:

90 Days

30 Days

Other 60 Days

Discharge from CCP (see FV):

PROVIDER SIGNATURE

Anthony Adya
 SVIP

DATE

3/23/05

CDC NUMBER, NAME (LAST, FIRST, M.I.) AND DATE OF BIRTH

E42616

CALLEGARI, Carl

11/14/60

CHRONIC CARE
 FOLLOW-UP VISIT

List Chronic Diseases:

(1) HTN (2) Hypertension (3) _____

HISTORY: (Attach a progress note form, if needed, to provide a more complete history.)

Current medications (if no pharmacy profile attached) and adherence since last visit: I/M Reports getting meds OK

* no problem.

Complaints/Problems: (Discuss in space provided)

CV / Hypertension: Chest Pain: ☐ Yes ☒ No SOB: ☐ Yes ☒ No

Asthma: # attacks since last visit? 8

short acting beta agonist canisters in last month: 8

visits to eta for asthma since last visit: 8

times awakening with asthma symptoms per week: 8

Diabetes Mellitus: # of hypoglycemic reactions since last visit _____

Seizure Disorder: # seizures since last visit: _____

Discussion: _____

Additional History: pt extremely symptomatic

CC was 4/20/07

CCP compliance (e.g. diet, exercise, medications): good

EXAM: HEENT/Neck: NAD. Euphoric

Rectal: _____

Heart: RPR

Neurological: Carefully intact (+symptoms)

Lungs: FLCTA

Other (specify): _____

Abdomen: GBS

Comments on BP or Glucose Monitoring:

Extremities/Pulses: ESB

222/12, 99.7, 83, 16 134/82

ASSESSMENT: Diagnoses:

Degree of Control:

Clinical Status:

G	F	P	NA	I	S	W	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAN:

Medications: Flu. CC in 90 days as previously selected

Diagnostics: _____

Labs: _____

Monitoring: ☐ BP/Frequency: _____

☐ Glucose / Frequency: _____

☐ Peak flow _____

☐ Other: _____

(___ X day / week / month)

(___ X day / week / month)

Education provided: ☐ Nutrition

☐ Exercise

☐ Smoking

☐ Test Results

☐ Medication Management

☐ Other (specify): _____

Referral: ☐ Specialist (indicate type) _____

☐ Other Chronic Care Program

Interval to next visit: ☐ 90 Days

☐ 30 Days

☐ Other _____ Days

☐ Discharge from CCP (specify): _____

PROVIDER SIGNATURE [Signature]

DATE 10/4/07

INSTITUTION SVSC

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

E422416

Carlegari, Carl

CHRONIC CARE
FOLLOW-UP VISIT

List Chronic Diseases:

(1) HTN (2) Hep C (3) _____

HISTORY: (Attach a progress note form, if needed, to provide a more complete history.)
Current medications (if no pharmacy profile attached) and adherence since last visit: _____

Complaints/Problems: (Discuss in space provided)

CV / Hypertension: Chest Pain: ☐ Yes ☒ No SOB: ☐ Yes ☒ No

Asthma: # attacks since last visit? _____

short acting beta agonist canisters in last month: _____

visits to eta for asthma since last visit: _____

times awakening with asthma symptoms per week: _____

Additional History: CHF CAP

RN SIGNATURE

Diabetes Mellitus: # of hypoglycemic reactions since last visit _____

Seizure Disorder: # seizures since last visit: _____

Discussion: _____

CCP compliance (e.g. diet, exercise, medications): _____

EXAM: HEENT/Neck: XAF - CoughHeart: RHRLungs: B/L CIAAbdomen: ABSExtremities/Pulses: BPO

Rectal: _____

Neurological: Crackly intent Dysmetria

Other (specify): _____

Comments on BP or Glucose Monitoring:

T 99.7 R 16 B/P 14/90 P 90 WT 21

ASSESSMENT: Diagnoses

1 HTN2 Hep C

3 _____

PLAN:

Medications: d. dyesen m. m. s.

Diagnostics: _____

Labs: _____

Monitoring: ☒ BP/Frequency:(1 X day / week / month)☐ Glucose / Frequency:

(_____ X day / week / month)

☐ Peak flow☐ Other:Education provided: ☒ Nutrition☒ Exercise☐ Smoking☐ Test Results☒ Medication Management☐ Other (specify): _____Referral: ☐ Specialist (indicate type)☐ Other Chronic Care Program

Interval to next visit:

☒ 90 Days☐ 30 Days☐ Other _____☐ Days☐ Discharge from CCP (specify): _____PROVIDER SIGNATURE [Signature]

DATE

9/20/07INSTITUTION SVSC

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

E48114Castro, Carl

**CHRONIC CARE
FOLLOW-UP VISIT**

33



List Chronic Diseases:

H7N Hep C

HISTORY: (attach a progress note form if needed to provide more complete history.)

Current medications (if no pharmacy profile attached) and adherence since last visit:

Complaints/Problems: (Disease in space provided)

CV/Hypertension: Chest Pain ☐ Yes ☐ No SOB ☐ Yes ☐ No

Asthma: # attacks since last visit: _____

short acting beta agonist inhalers in last month: _____

visits to ETA for asthma since last visit: _____

times awakening with asthma symptoms per week: _____

Additional History: Requesting refill of Psyllium powder, selenium sulfate

CCP compliance (e.g. diet, exercise, medications):

Compliance

EXAM: HEENT/Neck: Cxrd, Cbruits

Heart: S3x

Lungs: C1A

Abdomen: soft, distended

Extremities/Pulses: wnl

Rectal:

Neurological: N/C

Other (specify):

ASSESSMENT: Diagnoses

Hep C

H7N

Comments on BP or Glucose monitoring

98.8 98.9 146 142/72 210

Degree of Control:				Blood Glucose	
G	F	P	HA	N	W
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAN:

Medications: Redlin Diltiazem CD, Triam 14072, Psyllium Powder, selenium sulfate

Diagnostics: Ø

Labs: Ø

Monitoring: ☒ BP / Frequency: _____ ☐ Glucose / Frequency: _____ ☐ Peak Flow _____ ☐ Cxrd _____
(_____ X day / week / month) (_____ X day / week / month)Education provided: ☒ Nutrition ☒ Exercise ☐ Smoking ☐ Test Results ☒ Medication Management
☐ Other (specify):Referral: ☒ Specialist (indicate type) optometry ☐ Other Chronic Care ProgramInterval to next visit: ☒ 30 Days ☐ 60 Days ☐ Other _____ Days

PROVIDER SIGNATURE

A. Hoag, M.D.

DATE

11/2/07

CDC NUMBER (attach to ST. ELECT. REPORT)

E42 W16

Callupari, Carl

11/11/07

CHRONIC CARE
FOLLOW-UP VISIT

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
SALINAS VALLEY STATE PRISON - HEALTH CARE SERVICES

51625 HWY 101, P.O. BOX 1025

DIRECTOR: THOMAS L. VOLK, M.D.

HEALTH CARE MANAGER: CHARLES D. LEE, M.D.

34



FINAL SAMPLE REPORT

Page:1

Patient ID: GE42616

Patient Name: CALLEGARI, CARL

DOB: 11/14/1960 Sex: M

Comments:

Reported: 12/05/06 15:25

Doctor: RODRIQUEZ N.P.

Location: C YARD

Lab No: 06339016


Drawn: 12/05/06 10:08 Tech: FE

Rec'd: 12/05/06 11:52 Tech: CC

Comments: CBC SEND OUT ANALYZER NOT WORKING


PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE	
*** CHEM 25 PROFILE ***					
GLUCOSE	90		mg/dL	70 -	110
BUN	12		mg/dL	7 -	18
CREATININE	1.1		mg/dL	0.6 -	1.3
BUN/CREAT RATIO	10.9		CALC		
SODIUM	141		mmol/L	136 -	145
POTASSIUM	4.6		mmol/L	3.6 -	5.2
CHLORIDE	102		mmol/L	100 -	108
CARBON DIOXIDE	24.7		mmol/L	21.0 -	32.0
ANION GAP	14		RATIO		
OSMOLALITY	373.3		CALC		
CALCIUM	9.5		mg/dL	8.8 -	10.5
TOTAL PROTEIN	7.8		g/dL	6.4 -	8.2
ALBUMIN	4.2		g/dL	3.4 -	5.1
GLOBULIN	3.6		g/dL		
A/G RATIO	1.2		CALC		
ALK. PHOS.	97		U/L	50 -	136
ALT (SGPT)	58		U/L	30 -	65
AST (SGOT)	36		U/L	10 -	37
TOTAL BILIRUBIN	0.47		mg/dL	0.00 -	1.00
PHOSPHORUS	4.4		mg/dL	2.5 -	4.9
GGT		88 +	U/L	5 -	85
URIC ACID	5.4		mg/dL	2.6 -	7.2

REVIEWED BY SUPERVISING CLINICAL LABORATORY SCIENTIST

35 

DATE	TIME	PROB #	
05/02/2005	1515		S: (history includes details pertinent to the patient's medical complaint)
			1/ FU Hep C. 2/ 602 dated 4/5/05
			Pt claims he has been not getting meds refills in time. He brought this up to MTA/LWR. At present getting his med.
			O: (physical assessment) T: 97.5 P: 81 R: 20 B/P: 124/77 Wt: 204
			H&NB: Anesthetic
			Abd: soft, no RD, RT, (+) BS
			g H&M
			Ext: P U C I E
			HCEA 4/05-1324080
			Lat LFT 5/04 Type 1a
			A: (medical/nsg diagnosis. MTAs may not independently analyze or interpret data.)
			1/ Hep C
			2/ HTW: BP OK today. CC done 3/23/05
			P: (MTA - referral to a higher licensure for prioritization and evaluation.)
			(RN - action to be taken by the RN so that the patient receives appropriate medical care.)
			1/ medicine Per 3/23/05 orders for CCP.
			2/ ✓ LFT (SMA 25)
			E: (education provided) 3/23/05 602 answered. 3/23/05 explained pt to inform me via LWR. 3/23/05
			Re: Above plan
INSTITUTION Salinas Valley State Prison			ROOM / WING FDB6T1000000118
OUTPATIENT INTERDISCIPLINARY PROGRESS NOTES			CDC NUMBER, NAME, (LAST, FIRST, MI) E42616
			CALLEGARI, CARL
			11/14/1960

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
SALINAS VALLEY STATE PRISON - HEALTH CARE SERVICES
51625 HWY 101, P.O. BOX 1020
DIRECTOR: THOMAS L. VOLK, M.D.
FINAL SAMPLE REPORT

36 


Page: 2

Patient ID: GE42616
Patient Name: CALLEGARI, CARL
DOB: 11/14/1960 Sex: M
Comments:

Reported: 08/25/05 15:24
Doctor: ADYA
Location: D YARD

Lab No: 05237032 Drawn: 08/25/05 07:25 Tech: NAP Rec'd: 08/25/05 14:24 Tech: DAR
Comments: FASTING

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
ALT (SGPT)		70 +	U/L	30 - 65
AST (SGOT)		40 +	U/L	10 - 37
TOTAL BILIRUBIN	0.46		mg/dL	0.00 - 1.00
PHOSPHORUS	3.5		mg/dL	2.5 - 4.9
GGT	74		U/L	5 - 85
URIC ACID	5.3		mg/dL	2.6 - 7.2
*** LIPID PROFILE ***				
CHOLESTEROL	174		mg/dL	0 - 200
TRIGLYCERIDES	115		mg/dL	30 - 150
HDL	47		mg/dL	35 - 60
LDL (CALCULATED)	104		CALC	
VLDL	23		mg/dL	
HDL RISK FACTOR	3.7		CALC	

REVIEWED BY SUPERVISING CLINICAL LABORATORY SCIENTIST 

Laboratory Request / Report form

31625 Hwy. 101
Soledad, CA 93960Salinas Valley State prison
Correctional Treatment CenterThomas L. Volk, M.D.
Laboratory Director

PATIENT INFORMATION			DATE ORDERED: 08-08-05		DATE NEEDED			
NAME: CALLEGAR, LAST FIRST			DIAGNOSIS		DATE DRAWN			
CDC NUMBER: E42610			ORDERING PHYSICIAN: DR. ADYA		DATE COMPLETED: 08-16-05			
HOUSING: D6-118			BIRTH DATE:		TIME DRAWN			
SPECIMEN INFORMATION			SIGNATURE OF PERSON FILLING THIS FORM:		TIME COMPLETED: 1:54			
FASTING: YES <input type="checkbox"/> HRS NO <input type="checkbox"/>			DRAWN BY:		TECH:			
URINE TOX			HEMATOLOGY			URINALYSIS		
Methamphetamine			CBC			DIFF STICK		
Opiates			WBC			COLOR		
Cocaine Metabolite			RBC			CHARACTER		
Cannabinoids			HGB			GLUCOSE		
Phencyclidine			HCT			BILI.		
MISCELLANEOUS TEST			MCV			KETONE		
Free T4			MCH			SPEC. GRAV.		
Glycohemoglobin (A1C)			MCHC			BLOOD		
TSH			PTL			ph		
PSA			SED RATE: (0-10 MM/H)			PROTEIN		
H.Pylori			COMMENTS			UROBILINEN		
Hep.c RNA PCR QT. (Hep. c Viral Load)						NITRITE		
HIV screen			MICROBIOLOGY: <input type="checkbox"/> CULTURE <input type="checkbox"/> SENSITIVITY			LEUKO		
SOURCE: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> STOOL <input type="checkbox"/> WOUND <input type="checkbox"/> THROAT <input type="checkbox"/> OTHER						MICROSCOPIC		
GRAM STAIN:						WBC		
						RBC		
						EPITH		
						CAST		
						BACTERIA		
						YEAST		
						CRYSTALS		
						SEROLOGY		
						RPR/TITER		
THERAPEUTIC DRUGS			ACID FAST SMEAR (TB SPUTUM)			MHATP CONFIRMATION		
DILANTIN 10.2-20.0			VALPROIC ACID (Depakene)			WESTERN BLOT CONFIRM		
PHENOBARB 15.0-40.0			LITHIUM 0.5-1.5			T-CELL SUBSET		
CARBAMAZEPINE 8.0-12.0			Mysoline (Primidone)			COCCI SERIOLOGY		
PROTIME: (SEC.)			CONTROL: (SEC.)			INR:		
PTT: (SEC.)			CONTROL: (SEC.)					
CHEM PROFILE 24(SMA 25)			PANEL 2 (LIVER)			ELECTROLYTES		
PANEL 4 (GLU, BUN, CRA, LYES)			LIPID PANEL			HEPATITIS PANEL A, B, C COMPREHENSIVE		
OTHER TEST:						Navneet Salinas		

SALINAS VALLEY STATE PRISON - HEALTH CARE SERVICES

51625 HWY 101, P.O. BOX 1020

DIRECTOR: THOMAS L. VOLK, M.D.

FINAL SAMPLE REPORT

Page: 1

Patient ID: E42612
Patient Name: CALLEGARI,
DOB: Sex: M
Comments:

Reported: 08/15/05 15:30
Doctor: NAVNEET ADYA
Location: D YARD

Lab No: 05227012 Drawn: 08/15/05 10:51 Tech: DAR Rec'd: 08/15/05 14:36 Tech: JKC
Comments:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** CHEM 25 PROFILE ***				
GLUCOSE	72		mg/dL	70 - 110
BUN	12		mg/dL	7 - 18
CREATININE	1.2		mg/dL	0.6 - 1.3
BUN/CREAT RATIO	10.0		CALC	
SODIUM	139		mmol/L	136 - 145
POTASSIUM	4.2		mmol/L	3.6 - 5.2
CHLORIDE	100		mmol/L	100 - 108
CARBON DIOXIDE	31.5		mmol/L	21.0 - 32.0
ANION GAP	8		RATIO	
OSMOLALITY	351.5		CALC	
CALCIUM	9.1		mg/dL	8.8 - 10.5
TOTAL PROTEIN	7.3		g/dL	6.4 - 8.2
ALBUMIN	3.9		g/dL	3.4 - 5.1
GLOBULIN	3.4		g/dL	
A/G RATIO	1.1		CALC	
ALK. PHOS.	99		U/L	50 - 136
ALT (SGPT)	65		U/L	30 - 65
AST (SGOT)	33		U/L	10 - 37
TOTAL BILIRUBIN	0.41		mg/dL	0.00 - 1.00
PHOSPHORUS	3.5		mg/dL	2.5 - 4.9
GGT	70		U/L	5 - 85
URIC ACID	4.5		mg/dL	2.6 - 7.2
*** LIPID PROFILE ***				
CHOLESTEROL	166		mg/dL	0 - 200
TRIGLYCERIDES		222 +	mg/dL	30 - 150
HDL	41		mg/dL	35 - 60
LDL (CALCULATED)	81		CALC	
VLDL	44		mg/dL	
HDL RISK FACTOR	4.0		CALC	

REVIEWED BY SUPERVISING CLINICAL LABORATORY SCIENTIST

15 AUG '05 PM 3:27

Navneet Adya, M.D.
Salinas Valley State Prison

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION
 SALINAS VALLEY STATE PRISON - HEALTH CARE SERVICES
 1625 HWY 101, P.O. BOX 1020
 DIRECTOR: THOMAS L. VOLK, M.D.
 FINAL SAMPLE REPORT

Page: 1

Patient ID: CE42616
 Patient Name: CALLEGARI, CARL
 DOB: 11/14/1960 Sex: M
 Comments:

Reported: 08/25/05 15:24
 Doctor: ADYA
 Location: D YARD

Lab No: 05237032 Drawn: 08/25/05 07:25 Tech: NAP Rec'd: 08/25/05 14:24 Tech: DAR
 Comments: FASTING

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** HEMATOLOGY ***				
WBC	5.0		x10 ³ /uL	5.0 - 10.2
RBC	5.09		x10 ⁶ /uL	4.00 - 5.90
HGB	16.4		g/dL	13.5 - 17.5
HCT	46.9		%	41.0 - 52.0
MCV	92		fL	80 - 100
MCH	32.2		pg	25.0 - 35.0
MCHC	35.0		g/dL	28.0 - 36.0
RDW	11.6		%	11.4 - 16.2
PLT	276		x10 ³ /uL	140 - 450
** AUTO DIFF **				
NEUTROPHILS#	1.33		x10 ³ /uL	0.00 - 9.00
LYMPH#	2.92		x10 ³ /uL	0.00 - 5.00
MONO#	0.41		x10 ³ /uL	0.00 - 5.00
BASO#	0.06		x10 ³ /uL	0.00 - 5.00
EOS#	0.25		x10 ³ /uL	0.00 - 5.00
NEUTROPHILS%		26.7 -	%	36.0 - 76.0
LYMPH%		58.8 +	%	20.0 - 45.0
MONO%	8.3		%	3.0 - 13.0
BASO%	1.3		%	0.0 - 2.5
EOS%	4.9		%	0.0 - 5.0
*** CHEM 25 PROFILE ***				
GLUCOSE	81		mg/dL	70 - 110
BUN	10		mg/dL	7 - 18
CREATININE	1.0		mg/dL	0.6 - 1.3
BUN/CREAT RATIO	10.0		CALC	
SODIUM	138		mmol/L	136 - 145
POTASSIUM	4.4		mmol/L	3.6 - 5.2
CHLORIDE	101		mmol/L	100 - 108
CARBON DIOXIDE	27.3		mmol/L	21.0 - 32.0
ANION GAP	10		RATIO	
OSMOLALITY	356.7		CALC	
CALCIUM	9.1		mg/dL	8.8 - 10.5
TOTAL PROTEIN	7.4		g/dL	6.4 - 8.2
ALBUMIN	4.0		g/dL	3.4 - 5.1
GLOBULIN	3.4		g/dL	
A/G RATIO	1.2		CALC	
ALK. PHOS.	83		U/L	50 - 136

Absol
 ~ 1200

14
 0-1

Laboratory Request / Report form

31625 Hwy. 101
Soledad, CA 93960Safinas Valley State Prison
Correctional Treatment CenterThomas L. Volk, M.D.
Laboratory Director

PATIENT INFORMATION		DATE ORDERED: 08/08/05		DATE NEEDED	
NAME: LAST <u>CALLEGARI</u> FIRST <u>K</u>		DIAGNOSIS		DATE DRAWN	
CDC NUMBER <u>102855</u>		ORDERING PHYSICIAN: <u>DR. ADYA</u>		DATE COMPLETED <u>08/28/05</u>	
HOUSING <u>D7-204</u>		BIRTH DATE:		TIME DRAWN	
SPECIMEN INFORMATION		SIGNATURE OF PERSON FILLING THIS FORM: <u>L. Bell</u>		TIME COMPLETED <u>0903</u>	
FASTING: YES <input type="checkbox"/> HRS NO <input type="checkbox"/>		DRAWN BY:		TECH: <u>LCB</u>	
URINE TOX		HEMATOLOGY		URINALYSIS	
Methamphetamine		CBC		DIP STICK	
Opiates		WBC 4.8-10.8		COLOR <u>yellow</u>	
Cocaine Metabolite		RBC 4.10-6.10		CHARACTER <u>clear</u>	
Cannabinoids		HGB 12.0-17.0		GLUCOSE <u>neg</u>	
Phencyclidine		HCT 37.0-52.0		BILI. <u>neg</u>	
MISCELLANEOUS TEST		MCV 81.0-99.0		KETONE <u>neg</u>	
Free T4		MCH 27.0-35.0		SPEC. GRAV. <u>1.015</u>	
Glycohemoglobin (A1C)		MCHC 30.0-36.0		BLOOD <u>neg</u>	
TSH		PTL 150-45		ph <u>6.0</u>	
PSA		SED RATE: (0-10 MM/H)		PROTEIN <u>neg</u>	
H. Pylori		COMMENTS		UROBILINEN <u>0.2</u>	
Hep. c RNA PCR QT. (Hep. c Viral Load)				NITRITE <u>neg</u>	
HIV screen		MICROBIOLOGY: <input type="checkbox"/> CULTURE <input type="checkbox"/> SENSITIVITY		LEUKO <u>neg</u>	
SOURCE: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> STOOL <input type="checkbox"/> WOUND <input type="checkbox"/> THROAT <input type="checkbox"/> OTHER		GRAM STAIN:		MICROSCOPIC	
				WBC	
				RBC	
				EPITH	
				CAST	
				BACTERIA	
				YEAST	
				CRYSTALS	
				SEROLOGY	
				RPR/TITER	
THERAPEUTIC DRUGS		ACID FAST SMEAR (TB SPUTUM)		MHATP CONFIRMATION	
DILANTIN 10.2-20.0		VALPROIC ACID (Depakene)		WESTERN BLOT CONFIM	
PHENOBARB 15.0-40.0		LITHIUM 0.5-1.5		T-CELL SUBSET	
CARBAMAZEPINE 8.0-12.0		Mysoline (Primidone)		COCCI SERIOLOGY	
PROTIME: (SEC.)		CONTROL: (SEC.)		INR:	
PTT: (SEC.)		CONTROL: (SEC.)			
CHEM PROFILE 24(SMA 25)		PANEL 2 (LIVER)		ELECTROLYTES	
PANEL 4 (GLU, BUN, CRA, LYTES)		LIPID 4NEL		HEPATITIS PANEL A,B,C COMPREHENSIVE	
OTHER TEST:					



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HERE YOUR HONOR IS
THE YEARS WHICH I WAS
UNDER EACH DOCTORS
MEDICAL CARE

EXHIBIT C

For the Month of:

HOUSE: C8-219L

MEDICATION ADMINISTRATION RECORD

For the Month of:

Year: 1964

HOUSE: D6-118L

of 39

43

City of _____ Yes: _____

CDOT: E 426 C HOUSE: D5-1 8

44

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: _____

Year: _____

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
613208- 3 DR: KUMAR, REETIKA A & D OINTMENT 6G 1 APPLY DAILY TO DRY SKIN RR Start: 08/29/2005 Stop: 10/06/2005	08 12 18 20						
623187- 1 DR: ADYA, NAVNEET DILTIAZEM CD 180MG 14 1 CAP DAILY AR Start: 08/23/2005 Stop: 09/06/2005	08 12 18 20						
623187- 2 DR: ADYA, NAVNEET DILTIAZEM CD 180MG 14 1 CAP DAILY AR Start: 09/06/2005 Stop: 11/17/2005	08 12 18 20						
623189- 1 DR: ADYA, NAVNEET TF ERENE/HCTZ 37.5/25 14 1 EVERY DAILY AR Start: 08/23/2005 Stop: 09/06/2005	08 12 18 20						
623189- 2 DR: ADYA, NAVNEET TRIAMTERENE/HCTZ 37.5/25 14 1 CAP EVERY DAILY AR Start: 09/06/2005 Stop: 11/17/2005	08 12 18 20						
623190- 0 DR: ADYA, NAVNEET COAL TAR SHAMPOO 1% 1 USE TWICE WEEKLY TO SCALP RR Start: 08/09/2005 Stop: 11/17/2005	08 12 18 20						
623191- 0 DR: ADYA, NAVNEET PSYLLIUM POWDER 3.7GM 20 1 PAK IN 12OZ. WATER ONCE A DAY RR Start: 08/09/2005 Stop: 11/17/2005	08 12 18 20						
623192- 0 DR: ADYA, NAVNEET HYDROCORTISONE CR 0.5% 1 APPLY TO FACE DAILY AS NF RR St 08/09/2005 Stop: 11/17/2005	08 12 18 20						

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: D6-118L

MEDICATION ADMINISTRATION RECORD

Year: 2005

HOUSE: D6-118L

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME CALLEGARI CDC NUMBER E-42616 HOUSING D-6-118

PATIENT SIGNATURE Callegari DATE 3-30-05

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I NEED A REFILL OF A AND D OINTMENT

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 03-31-05 0800 Amanda R. Received by:

Date / Time Reviewed by RN: as T Reviewed by:

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

O: T: P: R: BP: WEIGHT:

A:

P: MTA for review

☐ See Nursing Encounter Form Received for ointment on 3-31-05

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY: NAME OF INSTITUTION

PRINT / STAMP NAME SIGNATURE / TITLE DATE/TIME COMPLETED

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of:

April

Year:

05

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
		Academy AC	96	G. Bruey	96		
590924- 0	DR: ADYA, NAVNEET						
DILTIAZEM CD 180MG	14						
1 CAP DAILY							
AR							
Start: 03/23/2005	Stop: 07/01/2005						
590925- 0	DR: ADYA, NAVNEET						
TRIAMTERENE/HCTZ 37.5/25	14						
1 CAP DAILY							
AR							
Start: 03/23/2005	Stop: 07/01/2005						
590926- 0	DR: ADYA, NAVNEET						
COAL TAR SHAMPOO 1%	1						
USE TWICE WEEKLY							
RR							
Start: 03/23/2005	Stop: 07/01/2005						
590927- 0	DR: ADYA, NAVNEET						
H ORTISONE CR 0.5%	1						
Al TO FACE DAILY AS							
NEEDED RR							
Start: 03/23/2005	Stop: 07/01/2005						
590928- 0	DR: ADYA, NAVNEET						
PSYLLIUM POWDER 3.7GM	20						
1 PAK IN 12OZ. WATER							
ONCE A DAY RR							
Start: 03/23/2005	Stop: 07/01/2005						
591124- 0	DR: BEY, LOVEVASIA						
MILK OF MAGNESIA 360ML	1						
30CC AT BEDTIME FOR 30							
DAYS							
Start: 03/23/2005	Stop: 04/22/2005						
592604- 0	DR: LEVINE, DANA						
A & D OINTMENT 6G	1						
APPLY DAILY TO DRY SKIN							
RR							
Start: 03/30/2005	Stop: 06/28/2005						
592605- 0	DR: LEVINE, DANA						
TOLNAPTATE CR 1% 30GM	1						
APPLY TO AFFECTED NAIL							
Ty 1 DAY RR							
Start: 03/30/2005	Stop: 06/28/2005						

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: D6-118L

MEDICATION ADMINISTRATION RECORD

For the Month of: _____

Year: _____

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
		Urena, E., MTA				A. Williams	
						1222A	
						Long J. Johnson	
590924- 2	DR: ADYA, NAVNEET						
DILTIAZEM CD 180MG	14						
1 CAP DAILY							
AR							
Start: 04/20/2005	Stop: 07/01/2005						
590925- 2	DR: ADYA, NAVNEET						
TRIAMTERENE/HCTZ 37.5/25	14						
1 CAP DAILY							
AR							
Start: 04/20/2005	Stop: 07/01/2005						
590926- 2	DR: ADYA, NAVNEET						
COAL TAR SHAMPOO 1%	1						
USE TWICE WEEKLY							
RR							
Start: 04/27/2005	Stop: 07/01/2005						
590927- 1	DR: ADYA, NAVNEET						
HV CRTISONE CR 0.5%	1						
AF TO FACE DAILY AS							
NEEDED RR							
Start: 04/07/2005	Stop: 07/01/2005						
590928- 2	DR: ADYA, NAVNEET						
PSYLLIUM POWDER 3.7GM	20						
1 PAK IN 12OZ. WATER							
ONCE A DAY RR							
Start: 04/29/2005	Stop: 07/01/2005						
592604- 2	DR: LEVINE, DANA						
A & D OINTMENT 6G	1						
APPLY DAILY TO DRY SKIN							
RR							
Start: 04/29/2005	Stop: 06/28/2005						
592605- 1	DR: LEVINE, DANA						
TOLNAFTATE CR 1% 30GM	1						
APPLY TO AFFECTED NAIL							
TWICE A DAY RR							
Start: 04/07/2005	Stop: 06/28/2005						

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CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: _____ Year: _____

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
808601- 1 DR: BOWMAN, ROBERT HYDROCHLOROTHIAZIDE 25MG 30 TAKE 1 TAB DAILY AR Start: 07/19/2007 Stop: 09/27/2007	08 12 18 20						
808602- 1 DR: BOWMAN, ROBERT DILTIAZEM CD 180MG 30 TAKE 1 CAP DAILY AR Start: 07/19/2007 Stop: 09/27/2007	08 12 18 20						
808603- 2 DR: BOWMAN, ROBERT SELENIUM SUL LOT2.5% 118 118 USE 3 TIMES A WEEK AS DIRECTED RR Start: 07/19/2007 Stop: 09/27/2007	08 12 18 20						
812119- 2 DR: SID, RANDY PUM POWDER 5.85GM 180 1 DAILY IN 8OZ. WATER DAILY RR Start: 07/23/2007 Stop: 09/30/2007	08 12 18 20						
815399- 0 DR: BOWMAN, ROBERT TOLNAFTATE CR 1% 30GM 30 APPLY TO AFFECTED AREAS TWICE DAILY RR Start: 07/12/2007 Stop: 09/10/2007	08 12 18 20						
	08 12 18 20						
	08 12 18 20						
	08 12 18 20						

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: D1-103L

MEDICATION ADMINISTRATION RECORD

February

Year: 05

HOUSE: D6-118L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of:

November Year: 2004

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
CHAPMAN, LYN	CH					Benny T. Gustin	B
557588- 0	DR: CORDERO, REYNAL	08	1	2	3	4	5
TRIAMTERENE/HCTZ 37.5/25	28	12	13	14	15	16	17
1 CAP DAILY		18	19	20	21	22	23
AR		24	25	26	27	28	29
Start: 10/18/2004	Stop: 01/26/2005	30	31				
557589- 0	DR: CORDERO, REYNAL	08	1	2	3	4	5
COAL TAR SHAMPOO 1%	1	12	13	14	15	16	17
USE 2 TIMES WEEKLY		18	19	20	21	22	23
RR		24	25	26	27	28	29
Start: 10/18/2004	Stop: 01/26/2005	30	31				
557591- 0	DR: CORDERO, REYNAL	08	1	2	3	4	5
MILK OF MAGNESIA 360ML	1	12	13	14	15	16	17
30CC DAILY AS NEEDED FOR		18	19	20	21	22	23
CONSTIPATION	RR	24	25	26	27	28	29
Start: 10/18/2004	Stop: 01/26/2005	30	31				
557593- 0	DR: CORDERO, REYNAL	08	1	2	3	4	5
Z. OINTMENT 6G	1	12	13	14	15	16	17
A. TO AFFECTED AREAS		18	19	20	21	22	23
ONCE A DAY	RR	24	25	26	27	28	29
Start: 10/18/2004	Stop: 01/26/2005	30	31				
PSYLLIUM POWDER 3.7GM	20	1	2	3	4	5	6
1 PKT DAILY IN 12OZ. WATER		12	13	14	15	16	17
RX: 557597- 1 11/01/04 01/26/05		18	19	20	21	22	23
		24	25	26	27	28	29
		30	31				
PSYLLIUM POWDER 3.7GM	20	1	2	3	4	5	6
1 PKT DAILY IN 12OZ. WATER		12	13	14	15	16	17
RX: 557597- 2 11/18/04 01/26/05		18	19	20	21	22	23
		24	25	26	27	28	29
		30	31				
MILK OF MAGNESIA 360ML	1	1	2	3	4	5	6
30CC DAILY AS NEEDED FOR		12	13	14	15	16	17
CONSTIPATION	RR	18	19	20	21	22	23
RX: 557591- 3 11/29/04 01/26/05		24	25	26	27	28	29
		30	31				
		1	2	3	4	5	6
		12	13	14	15	16	17
		18	19	20	21	22	23
		24	25	26	27	28	29
		30	31				

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: D1-207L

D6-118

MEDICATION ADMINISTRATION RECORD

For the Month of:

Year: 00

HOUSE: C8-225L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: March

Year: 06

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
671077- 1 DR: SID, RANDY							
TRIAMTERENE/HCTZ 37.5/25	14						
1 CAP DAILY							
AR							
Start: 02/23/2006 Stop: 05/20/2006							
671078- 1 DR: SID, RANDY							
DILTIAZEM CD 180MG	14						
1 CAP DAILY							
AR							
Start: 02/23/2006 Stop: 05/20/2006							
671079- 0 DR: SID, RANDY							
A & D OINTMENT 60GM	1						
APPLY DAILY TO AFFECTED							
AREA AS DIRECTED RR							
Start: 02/09/2006 Stop: 05/20/2006							
671080- 0 DR: SID, RANDY							
C' IMAZOLE CR 1% 30GM	1						
A SPARINGLY 2X DAILY							
TO AFFECTED AREAS RR							
Start: 02/09/2006 Stop: 05/20/2006							
DILTIAZEM CD 180MG	14	E-42616					
1 CAP DAILY							
AR							
RX: 671078- 2 03/09/06 05/20/06							
TRIAMTERENE/HCTZ 37.5/25	14	E-42616					
1 CAP DAILY							
AR							
RX: 671077- 2 03/09/06 05/20/06							

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-231L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: MayYear: 06

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
						A. Gullon	u
671077- 5 DR: SID, RANDY							
TRIAMTERENE/HCTZ 37.5/25	14						
1 CAP DAILY							
AR							
Start: 04/20/2006 Stop: 05/20/2006							
671078- 5 DR: SID, RANDY							
DILTIAZEM CD 180MG	14						
1 CAP DAILY							
AR							
Start: 04/20/2006 Stop: 05/20/2006							
671079- 2 DR: SID, RANDY							
A & D OINTMENT 60GM	1						
APPLY DAILY TO AFFECTED							
AREA AS DIRECTED RR							
Start: 04/17/2006 Stop: 05/20/2006							
671080- 1 DR: SID, RANDY							
C MAZOLE CR 1% 30GM	1						
A SPARINGLY 2X DAILY							
TO AFFECTED AREAS RR							
Start: 03/20/2006 Stop: 05/20/2006							
SELENIUM SULFIDE LOT 2.5% 1 E-42616							
APPLY TO SCALP AS							
DIRECTED RR							
RX: 697067- 0 05/09/06 11/05/06							
PSYLLIUM POWDER 3.7GM 30 E-42616							
1 PK DAILY IN 12OZ WATER							
RR							
RX: 697069- 0 05/09/06 11/05/06							

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-231L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of:

June

Year 06

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
M. Polman don MP							
697065- 1	DR: SID, RANDY						
TRIAMTERENE/HCTZ 37.5/25	14	08					
TAKE 1 CAP DAILY		12					
AR		18					
Start: 05/23/2006	Stop: 11/05/2006	20					
697066- 1	DR: SID, RANDY						
DILTIAZEM CD 180MG	14	08					
TAKE 1 CAP DAILY		12					
AR		18					
Start: 05/23/2006	Stop: 11/05/2006	20					
697067- 1	DR: SID, RANDY						
SELENIUM SULFIDE LOT 2.5%	1	08					
APPLY TO SCALP AS		12					
DIRECTED RR		18					
Start: 05/19/2006	Stop: 11/05/2006	20					
697068- 1	DR: SID, RANDY						
A OINTMENT 60GM	1	08					
A. DAILY TO AFFECTED		12					
AREA AS DIRECTED PRN RR		18					
Start: 05/19/2006	Stop: 11/05/2006	20					
697069- 2	DR: SID, RANDY						
PSYLLIUM POWDER 3.7GM	30	08					
1 PAK DAILY IN 12OZ WATER		12					
RR		18					
Start: 05/26/2006	Stop: 11/05/2006	20					
DILTIAZEM CD 180MG	14	E-42616					
TAKE 1 CAP DAILY							
AR							
RX: 697066- 4 07/04/06 11/05/06							

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-231L

ASU MED/MAR FORM Style #3 (01/93)

CATION ADMINISTRATION RECORD

For the Month of: APR

Year: 06

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
671077- 3 DR: SID, RANDY TRIAMTERENE/HCTZ 37.5/25 14 1 CAP DAILY AR Start: 03/23/2006 Stop: 05/20/2006	08 12 18 20						
671078- 3 DR: SID, RANDY DILTIAZEM CD 180MG 14 1 CAP DAILY AR Start: 03/23/2006 Stop: 05/20/2006	08 12 18 20						
671079- 1 DR: SID, RANDY A & D OINTMENT 60GM 1 APPLY DAILY TO AFFECTED AREA AS DIRECTED RR Start: 03/20/2006 Stop: 05/20/2006	08 12 18 20						
671080- 1 DR: SID, RANDY C MAZOLE CR 1% 30GM 1 A. SPARINGLY 2X DAILY TO AFFECTED AREAS RR Start: 03/20/2006 Stop: 05/20/2006	08 12 18 20						
	08 12 18 20						
	08 12 18 20						
	08 12 18 20						
	08 12 18 20						

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-231L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: _____

Year: _____

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
697065- 3 DR: SID, RANDY							
TRIAMTERENE/HCTZ 37.5/25	14						
TAKE 1 CAP DAILY							
AR							
Start: 06/20/2006 Stop: 07/04/2006							
697065- 4 DR: SID, RANDY							
TRIAMTERENE/HCTZ 37.5/25	14						
TAKE 1 CAP DAILY							
AR							
Start: 07/04/2006 Stop: 11/05/2006							
697066- 3 DR: SID, RANDY							
DILTIAZEM CD 180MG	14						
TAKE 1 CAP DAILY							
AR							
Start: 06/20/2006 Stop: 07/04/2006							
697066- 4 DR: SID, RANDY							
DILTIAZEM CD 180MG	14						
TAKE 1 CAP DAILY							
AR							
Start: 07/04/2006 Stop: 11/05/2006							
697067- 4 DR: SID, RANDY							
SELENIUM SULFIDE LOT 2.5%	1						
APPLY TO SCALP AS DIRECTED RR							
Start: 06/16/2006 Stop: 11/05/2006							
697068- 4 DR: SID, RANDY							
A & D OINTMENT 60GM	1						
APPLY DAILY TO AFFECTED AREA AS DIRECTED PRN RR							
Start: 06/16/2006 Stop: 11/05/2006							
697069- 5 DR: SID, RANDY							
PSYLLIUM POWDER 3.7GM	30						
1 PAK DAILY IN 12OZ.WATER							
RR							
Start: 06/16/2006 Stop: 11/05/2006							

SELENIUM SULFIDE LOT 2.5%
 APPLY TO SCALP AS
 DIRECTED RR
 RX: 697067- 5 07/05/06 11/05/06
 E-42616

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-231L

For the Month of:

Year: 08

HOUSE: D6-118L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of:

April Year: 07

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
						A. Kellon	W
						W	W
763894- 1 DR: RODRIGUES, R PSYLLIUM POWDER 3.7GM 30 1 PAK DAILY IN 12OZ.WATER RR Start: 03/05/2007 Stop: 04/22/2007	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					
783100- 0 DR: RODRIGUES, R TRIAMTERENE/HCTZ 37.5/25 30 TAKE 1 CAP DAILY AR Start: 03/22/2007 Stop: 06/30/2007	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					
783101- 0 DR: RODRIGUES, R SELENIUM SULFIDE LOT 2.5% 120 APPLY TO AFFECTED AREA DAILY AS DIRECTED RR Start: 03/22/2007 Stop: 06/30/2007	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					
783102- 0 DR: RODRIGUES, R D' VZEM CD 180MG 30 T. 1 CAP DAILY AR Start: 03/22/2007 Stop: 06/30/2007	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					
783104- 0 DR: RODRIGUES, R HYDROCORTISONE CR 1% 30GM 30 APPLY DAILY TO AFFECTED AREAS TWICE DAILY RR Start: 03/22/2007 Stop: 06/30/2007	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					
783165- 0 DR: RODRIGUES, R COAL TAR SHAMPOO 1% 251ML 251 APPLY TO AFFECTED AREA AS DIRECTED Start: 03/22/2007 Stop: 04/21/2007	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					
	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					
	08 12 18 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31					

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-219L

For the Month of:..

Mar Year: 07

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JUN - - 2007
Year: _____

For the Month of:

NAME: CALLEGARI, CARL **CDC#:** E-42616 **HOUSE:** D1-103L

MEDICATION ADMINISTRATION RECORD

July

Year: 2001

ADJIKINI Jm
Bak Ogkath

HOUSE: D1-103L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of:

NOV

Year: 2003

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
482570- 1	DR: HAFNER, G	DOCUSATE SODIUM 250MG	30	1 CAP TWICE A DAY	RR	Start: 10/20/2003	Stop: 01/04/2004
482572- 1	DR: HAFNER, G	PSYLLIUM POWDER 3.7GM	20	1 PAK IN 12OZ. WATER	RR	Start: 10/20/2003	Stop: 01/04/2004
482573- 1	DR: HAFNER, G	MILK OF MAGNESIA 360ML	1	30CC TWICE A DAY AS	NEEDED FOR CONSTIPATION	Start: 10/20/2003	Stop: 01/04/2004
482574- 1	DR: HAFNER, G	CAR SHAMPOO 1%	1	USE TWICE A WEEK	RR	Start: 10/20/2003	Stop: 01/04/2004
<p>CELEBREX 100MG 10 E-42616</p> <p>1 TAB 3 TIMES A DAY FOR 5 DAYS</p> <p>RX: 489078- 0 11/07/03 11/12/03</p>							
<p>ACETAMINOPHEN 325MG 30 E-42616</p> <p>2 TABS 3 TIMES A DAY FOR 5 DAYS</p> <p>RX: 489074- 0 11/07/03 11/12/03</p>							

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-226L

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of:

Dec

Year: 03

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
		Urena, E. MTA	EE				
				Saturno - Jn			
482570- 4	DR: HAFNER, G						
DOCUSATE SODIUM 250MG	30	08					
1 CAP TWICE A DAY		12					
RR		18					
Start: 11/22/2003	Stop: 01/04/2004	20					
482572- 4	DR: HAFNER, G						
PSYLLIUM POWDER 3.7GM	20	08					
1 PAK IN 12OZ. WATER		12					
ONCE A DAY	RR	18					
Start: 11/22/2003	Stop: 01/04/2004	20					
482573- 4	DR: HAFNER, G						
MILK OF MAGNESIA 360ML	1	08					
30CC TWICE A DAY AS		12					
NEEDED FOR CONSTIPATION		18					
Start: 11/22/2003	Stop: 01/04/2004	20					
482574- 4	DR: HAFNER, G						
COAL TAR SHAMPOO 1%	1	08					
ONCE A WEEK		12					
RR		18					
Start: 11/22/2003	Stop: 01/04/2004	20					
482575- 4	DR: HAFNER, G						
PSYLLIUM POWDER 3.7GM	20	08					
1 PAK IN 12OZ. WATER		12					
ONCE A DAY	RR	18					
RX: 494472- 0 12/04/03 03/03/04		20					
482576- 4	DR: HAFNER, G						
DOCUSATE SODIUM 250MG	30	08					
1 CAP TWICE A DAY		12					
RR		18					
RX: 494471- 0 12/04/03 03/03/04		20					
482577- 4	DR: HAFNER, G						
COAL TAR SHAMPOO 1%	1	08					
SHAMPOO HAIR TWICE A WEEK		12					
RR		18					
RX: 494474- 0 12/04/03 03/03/04		20					
482578- 4	DR: HAFNER, G						
MILK OF MAGNESIA 360ML	1	08					
30CC TWICE A DAY AS		12					
NEEDED FOR CONSTIPATION		18					
RX: 494475- 0 12/04/03 03/03/04		20					

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-226L

For the Month of:

Year: 04

01-207

HOUSE: D8-232L

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CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: JAN

Year: 2004

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
		Urena, E., MTA	E				
494148- 0	DR: HAFFNER, G	TRIAMTERENE/HCTZ 37.5/25	28	08			
1 CAP DAILY	AR			12			
Start: 12/03/2003	Stop: 12/31/2003			18			
				20			
494148- 1	DR: HAFFNER, G	TRIAMTERENE/HCTZ 37.5/25	28	08			
1 CAP DAILY	AR			12			
Start: 12/31/2003	Stop: 02/25/2004			18			
				20			
494471- 0	DR: HAFFNER, G	DOCUSATE SODIUM 250MG	30	08			
1 CAP TWICE A DAY	RR			12			
Start: 12/04/2003	Stop: 03/03/2004			18			
				20			
494472- 2	DR: HAFFNER, G	UM POWDER 3.7GM	20	08			
1 IN 12OZ. WATER	RR			12			
ONCE A DAY				18			
Start: 12/21/2003	Stop: 03/03/2004			20			
494473- 2	DR: HAFFNER, G	MILK OF MAGNESIA 360ML	1	08			
30CC TWICE A DAY AS				12			
NEEDED FOR CONSTIPATION				18			
Start: 12/21/2003	Stop: 03/03/2004			20			
494474- 1	DR: HAFFNER, G	COAL TAR SHAMPOO 1%	1	08			
SHAMPOO HAIR TWICE A WEEK	RR			12			
Start: 12/21/2003	Stop: 03/03/2004			18			
				20			
				08			
				12			
				18			
				20			
				08			
				12			
				18			
				20			

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-226L

MEDICATION ADMINISTRATION RECORD

JUNE

Year: 64

HOUSE: C8-226L

May 04 Year

For the Month of: March Year: 1967

~~Tanya Atencio-Jones LVA~~

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CDC HCSD-ASU MED/MFR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: JulyYear: 2004

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
						Carolyn Vogel-Pace LWN	CVP
						Ryan T. Jones SA L RN	RJ
527958-1	DR: GIBBS, RANDOLPH						
TRIAMTERENE/HCTZ 37.5/25	28						
1 CAP DAILY							
AR							
Start: 06/18/2004	Stop: 08/13/2004						
527960-1	DR: GIBBS, RANDOLPH						
MULTIVITAMINS	30						
1 TAB DAILY							
RR							
Start: 06/17/2004	Stop: 07/20/2004						
527961-1	DR: GIBBS, RANDOLPH						
PSYLLIUM POWDER 3.7GM	20						
1 PAK IN 12OZ. WATER							
ONCE A DAY	RR						
Start: 06/01/2004	Stop: 07/20/2004						
527974-1	DR: GIBBS, RANDOLPH						
MAGNESIA 360ML	1						
DAILY AS NEEDED							
RR							
Start: 06/22/2004	Stop: 07/14/2004						
532279-0	DR: GIBBS, RANDOLPH						
COAL TAR SHAMPOO 1%	1						
SHAMPOO DAILY							
RR							
Start: 06/14/2004	Stop: 07/14/2004						
532280-1	DR: GIBBS, RANDOLPH						
A & D OINTMENT 6G	1						
APPLY TO AFFECTED AREA							
DAILY	RR						
Start: 06/28/2004	Stop: 07/14/2004						
RM: D8-232L							
CALLEGARI, CARL	E-42616						
MILK OF MAGNESIA 360ML	1	E-42616					
30CC DAILY							
RR							
RX: 540105- 0 07/21/04 08/20/04	0						

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: D8-232L

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CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: OctYear: 04

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
<i>Hopkins, W</i>	<i>W</i>						
546591- 3 DR: PISTONE, J							
MILK OF MAGNESIA 360ML	1						
30CC AT BEDTIME W/H2O							
RR							
Start: 09/27/2004		Stop: 10/22/2004					
546592- 2 DR: PISTONE, J							
COAL TAR SHAMPOO 1%	1						
USE 2 TIMES WEEKLY							
RR							
Start: 09/20/2004		Stop: 10/22/2004					
546593- 2 DR: PISTONE, J							
A & D OINTMENT 6G	1						
APPLY SPARINGLY TO DRY							
ITCH RR							
Start: 09/20/2004		Stop: 10/22/2004					
546594- 2 DR: PISTONE, J							
PUM POWDER 3.7GM	20						
1 DAILY IN 12OZ WATER							
RR							
Start: 09/20/2004		Stop: 10/22/2004					
552296- 0 DR: GRILLO							
TRIAMTERENE/HCTZ 37.5/25	28						
1 CAP DAILY							
AR							
Start: 09/23/2004		Stop: 01/01/2005					
MILK OF MAGNESIA 360ML	1						
30CC TWICE DAILY AS							
NEEDED FOR CONSTIPATION							
RR: 09/20/04 - 10/22/04							
COAL TAR SHAMPOO 1%	1						
USE 2 TIMES WEEKLY							
RR							
Start: 09/20/2004		Stop: 10/22/2004					

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: D1-207L

Year:

HOUSE: D6-118L

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CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of: OctYear: 5

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
613208- 4 DR: KUMAR, REETIKA	08						
A & D OINTMENT 6G 1	12						
APPLY DAILY TO DRY SKIN	18						
RR	20						
Start: 09/09/2005 Stop: 10/06/2005							
623187- 3 DR: ADYA, NAVNEET	08						
DILTIAZEM CD 180MG 14	12						
1 CAP DAILY	18						
AR	20						
Start: 09/20/2005 Stop: 11/17/2005							
623189- 3 DR: ADYA, NAVNEET	08						
TRIAMTERENE/HCTZ 37.5/25 14	12						
1 CAP EVERY DAILY	18						
AR	20						
Start: 09/20/2005 Stop: 11/17/2005							
190- 1 DR: ADYA, NAVNEET	08						
TAR SHAMPOO 1% 1	12						
USE TWICE WEEKLY TO SCALP	18						
RR	20						
Start: 09/12/2005 Stop: 11/17/2005							
623191- 1 DR: ADYA, NAVNEET	08						
PSYLLIUM POWDER 3.7GM 20	12						
1 PAK IN 12OZ. WATER	18						
ONCE A DAY RR	20						
Start: 09/09/2005 Stop: 11/17/2005							
623192- 0 DR: ADYA, NAVNEET	08						
HYDROCORTISONE CR 0.5% 1	12						
APPLY TO FACE DAILY AS	18						
NEEDED RR	20						
Start: 08/09/2005 Stop: 11/17/2005							
	08						
	12						
	18						
	20						
	08						
	12						
	18						
	20						

CDC HCSD-ASU MED/MAR FORM Style #3 (01/93)

MEDICATION ADMINISTRATION RECORD

For the Month of:

NOV

Year: 05

NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial	NAME OF RN/MTA	Initial
623187- 5 DR: ADYA, NAVNEET							
DILTIAZEM CD 180MG	14						
1 CAP DAILY							
AR							
Start: 10/18/2005		Stop: 11/01/2005					
623187- 6 DR: ADYA, NAVNEET							
DILTIAZEM CD 180MG	14						
1 CAP DAILY							
AR							
Start: 11/01/2005		Stop: 11/17/2005					
623189- 5 DR: ADYA, NAVNEET							
TRIAMTERENE/HCTZ 37.5/25	14						
1 CAP EVERY DAILY							
AR							
Start: 10/18/2005		Stop: 11/01/2005					
623189- 6 DR: ADYA, NAVNEET							
T ERENE/HCTZ 37.5/25	14						
1 EVERY DAILY							
AR							
Start: 11/01/2005		Stop: 11/17/2005					
623190- 3 DR: ADYA, NAVNEET							
COAL TAR SHAMPOO 1%	1						
USE TWICE WEEKLY TO SCALP							
RR							
Start: 10/25/2005		Stop: 11/17/2005					
623191- 3 DR: ADYA, NAVNEET							
PSYLLIUM POWDER 3.7GM	20						
1 PAK IN 12OZ. WATER							
ONCE A DAY RR							
Start: 10/25/2005		Stop: 11/17/2005					
623192- 1 DR: ADYA, NAVNEET							
HYDROCORTISONE CR 0.5%	1						
APPLY TO FACE DAILY AS							
NEEDED RR							
Start: 10/03/2005		Stop: 11/17/2005					
DILTIAZEM CD 180MG	14	E-42616					
1 CAP DAILY							
AR							
RY: 649193- 0 11/18/05 12/18/05							

NAME: CALLEGARI, CARL

CDC#: E-42616

HOUSE: C8-225L



Here your Honor is The
DOM stating the maximum time
is a 150 calendar days processing
time has been set. I started the
appeal Nov, 4, 07.
And also the 3rd level has 60
working days

EXHIBIT D

defined by CCR (15) 3383. Upon termination of this state of emergency, the appeal processing time frames shall be resumed, and that information shall be noted in the CDC Form 602 appeal response (Fed. St. 40.7[e]).

Logistics prevent personal hand-to-hand delivery of appeal packages by appeals coordinators. Consequently, mailing systems must be utilized. Third level decisions must utilize the USPS. Due to the above realities the requirement of a maximum 150 calendar days processing time has been set. Exceptions are those cases that contain exceptional delays and emergency appeal situations. (See DOM 54100.17).

54100.13

Referral for Review

After logging the appeal, the appeals coordinator shall assign the appeal to the appropriate supervisory staff member for first or second level review. The first level decision shall be reviewed and signed by the appropriate division/department head. The second level decision shall be reviewed and signed by the Warden, RPA, or designee.

An appeal shall not be referred to any staff member for action as an appeal reviewer who participated in the action, decision, or determination being appealed, but to another appropriate person at the same or next higher level. This does not preclude the Warden or RPA who participated in the action or decision being appealed from reevaluating and changing or modifying that action or decision at the second level of review.

54100.14

Interviews

Because many people have difficulty in expressing themselves in writing, a face-to-face interview with the inmate or parolee shall be conducted at the first level of review. Additional interviews shall be conducted at the second and third levels when it is necessary.

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second level
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DEPARTMENT OF CORRECTIONS AND REHABILITATION

JULY 15

level responses shall be completed within six working days.

Exception is authorized in the event of:

(5) Unavailability of the appellant, or staff or inmate witnesses.

(6) Complexity of the decision, action, or policy.

(7) Necessary involvement of other agencies or jurisdictions.

(6) Except for the third formal level, if an exceptional delay prevents completion of the review within specified time limits, the appellant shall be informed in writing of the reasons for the delay and the estimated completion date.

(7) Inmate or parolee response. An appellant must submit the appeal within 15 working days of the event or decision being appealed, or of receiving an unacceptable lower level appeal decision.

Authority cited: section 5058, Penal Code; Reference: Sections 5053 and 5054, Penal Code; Sections 19572, 19583.5 and 19635, Government Code, and *Brown v. State Personnel Board* (1985, 3d Dist. 185 Cal App 3d 1151, 213 Cal Rptr 53).

HISTORY:

1. New section filed 5-18-89 as an emergency, operative 5-18-89 (Register 89, No. 21). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-15-89.
2. Certificate of Compliance as to 5-18-89 order including amendment of subsection (b) transmitted to OAL 9-7-89 and filed 10-10-89 (Register 89, No. 41).
3. Amendment of subsections (b)(1)-(5), repealer and new subsection (b)(6)(D), amendment of subsections (b)(7) and (c), and repealer of subsections (c)(1) and (c)(2) filed 12-23-96 as an emergency; operative 12-23-96 (Register 96, No. 52). Pursuant to Penal Code section 5058(e), a Certificate of Compliance must be transmitted to OAL by 6-2-97, or emergency language will be repealed by operation of law on the following day.
4. Amendment of subsections (b)(1)-(5), repealer and new subsection (b)(6)(D), amendment of subsections (b)(7) and (c), and repealer of subsection (c)(1) and (c)(2) refilled 5-29-97 as an emergency; operative 6-2-97 (Register 97, No. 22). A Certificate of Compliance must be transmitted to OAL by 9-30-97 or emergency language will be repealed by operation of law on the following day.
5. Editorial correction of History 4 (Register 97, No. 24).
6. Certificate of Compliance as to 5-29-97 order, including amendment, transmitted to OAL 9-25-97 and filed 11-7-97 (Register 97, No. 45).

3084.7. Exceptions to the Regular Appeals Process.

(a) Emergency Appeals. Usual time limits for staff response shall not apply to emergency appeals, which shall be resolved in the shortest practical time.

(1) When circumstances are such that the regular appeal time limits may result in a threat to the appellant's safety or cause other serious and irreparable harm, the appeal shall be processed as an emergency appeal. Such circumstances include, but are not limited to:

(A) Need for protective custody.

(B) Decision was made to transfer the appellant to an institution housing an enemy.

(C) The appellant was scheduled for parole within 15 calendar days and is appealing a serious disciplinary action resulting in credit loss extending the release date.

(2) The appeal shall be submitted directly to the appeals coordinator and include substantiation of circumstances warranting emergency processing of the appeal.

(A) If the appeals coordinator determines emergency processing is warranted, the inmate shall be notified and the appeal shall be processed as a regular appeal.

(B) If emergency processing is warranted, the first level shall be waived and the second level review shall be completed within five working days.

(C) If dissatisfied with the second level response, the appellant may resubmit the appeal to the appeals coordinator who shall telefax it to the chief, inmate appeals, for a third level review which shall be completed within five working days.

(b) Disciplinary Appeals.

(1) A second level review shall constitute the department's final action on appeals of disciplinary actions classified as "administrative" pursuant to section 3314; and Custodial Counseling Chronos, CDC Form 128-A (rev. 4-74), documenting minor disciplinary infractions pursuant to section 3312(b).

(2) Appeals of disciplinary actions classified as "serious" pursuant to section 3315, where credit loss is a sanction, may be appealed through the third level. Within 15 working days of receipt of the department's third level denial of a disciplinary credit loss appeal, the appellant may demand a Board of Prison Terms review. The appellant shall submit the written demand for such review, with a copy of the department's final decision, to the institution's classification and parole representative or the parole region's appeals coordinator who shall within five working days forward the material to the Board.

(c) Combined Disciplinary and Parole Rescission Hearing Appeals.

(1) When the outcome of a pending disciplinary hearing may impact a Board of Prison Terms parole rescission hearing on the same individual, a combined hearing may be held wherein the evidence is considered by both departmental and Board staff in arriving at their separate decisions.

(2) When any aspect of a combined disciplinary and parole rescission hearing is appealed, first and second level review shall be waived. The appeal shall be forwarded to the chief, inmate appeals, for a combined review by the department and the Board of Prison Terms.

(d) Transfer Appeals. A decision for transfer to another institution may be appealed by the affected inmate after endorsement by the classification staff representative.

(1) Filing of an appeal of a transfer decision shall not normally be cause to stay or delay a transfer.

(2) Regular transfer appeals:

(A) Informal and first level of appeal shall be waived.

(B) If the appeal is granted at second level, the appellant's case shall be presented to a second classification staff representative for reconsideration.

(C) If the second classification staff representative disagrees with second level appeal response, the institution head may submit the case to the departmental review board for final decision.

(D) If the appeal is denied at second level or the institution head does not refer the case to the departmental review board, the appellant may appeal at the third level.

(3) Reception center transfer appeals:

(A) The informal level shall be waived.

(B) First level review shall be conducted by the reception center's correctional administrator.

(C) If the appeal is granted, the appellant may be retained at the reception center until the case is presented to a second classification staff representative for reconsideration.

(D) If the second classification staff representative disagrees with the first level appeal decision, the appellant may resubmit the appeal for second level review.

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(f) Interview requirements. A personal interview shall be conducted with the appellant at the first level of review unless:

(1) First level was waived. In such case a personal interview shall be conducted with the appellant at the second level.

(2) The reviewer has decided, before interviewing the appellant, to grant the appeal.

(3) The appellant is not present at the institution where the appeal was filed. In such case, a telephone interview with the appellant shall meet the interview requirement.

(A) If the appeal concerns a disciplinary action, the telephone interview may be waived if the appeals coordinator determines an interview would not provide additional facts.

(B) If the appellant is not available for telephone interview, the reviewers shall request the caseworker in the jurisdiction where the appellant is located to complete the interview and provide a written report.

(g) Written response. At each level of review not waived, the original appeal shall be returned to the appellant with a written response stating the appeal issue and reasons for the decision.

(h) Disciplinary appeals. When procedural or due process requirements provided inmates in disciplinary proceedings have been violated, one of the following remedies shall be considered:

(1) The original disposition shall be vacated and the charges dismissed if the reviewer determines that the findings of the disciplinary hearing were not supported by the evidence presented at the hearing and any of the following circumstances are evident:

(A) The charge was based on information later determined to be false or unsubstantiated.

(B) A new hearing would not likely produce additional information.

(C) Elapsed time makes it unlikely the accused can present an adequate defense.

(D) Witnesses whose absence would prevent the accused from presenting an adequate defense are no longer available.

(2) The original disposition shall be vacated and a new hearing ordered if the reviewer determines that any of the following requirements were not met:

(A) The accused was not given copies of required documents within specified time limits before the hearing and did not waive the time limits.

(B) The charges were based on confidential information and the accused was not given a copy of the CDC Form 1030 (Rev. 12/86), Confidential Information Disclosure.

(C) Confidential information was used and the disciplinary findings did not address the reliability of the source and the validity of the information.

(D) The accused was denied witnesses, or when security was an issue, denied statements of witnesses, which would, in the opinion of the reviewer, have contributed significant information.

(E) The accused was not allowed to speak or present documentation in their own defense.

(F) The accused was not assigned a staff assistant or interpreter if required.

(G) An investigative employee was not assigned if required, or if assigned, the investigative employee did not adequately perform their task and it appears that such an investigation would have assisted the accused or hearing officials.

(3) When a disciplinary charge is ordered reheard, a new CDC Form 115 shall be written and processed. The disciplinary time constraints shall begin on the date the new CDC Form 115 is written except when an inmate is being returned to a facility for a disciplinary rehearing, the time constraints shall begin upon the inmate's return to that facility.

(i) Delay in Disposition. An administrator may delay for up to 90 days the implementation of a decision affecting an appellant when such delay will not threaten institution security, the safety of any person, or create a serious operational problem.

NOTE: Authority cited: section 5058, Penal Code. Reference: Sections 832.5 and 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; and Section 35.107, Title 28, Code of Federal Regulations.

HISTORY:

1. New section filed 5-18-89 as an emergency; operative 5-18-89 (Register 89, No. 21). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 9-15-89. For prior history, see section 3003(a) and (b).
2. Certificate of Compliance as to 5-18-89 order including amendment of subsections (a) and (g) transmitted to OAL 9-7-89 and filed 10-10-89 (Register 89, No. 41).
3. New subsection (a)(3)(F), amendment of subsection (b), new subsections (g) and (h), and relettering of subsection (g) to (i) filed 5-6-92 as an emergency; operative 5-6-92 (Register 92, No. 19). A Certificate of Compliance must be transmitted to OAL 9-3-92 or emergency language will be repealed by operation of law on the following day.
4. Certificate of Compliance as to 5-6-92 order transmitted to OAL 8-31-92 and filed 10-7-92 (Register 92, No. 41).
5. New subsection (a)(3)(G) filed 2-1-93 as an emergency; operative 2-1-93 (Register 93, No. 6). A Certificate of Compliance must be transmitted to OAL 6-1-93 or emergency language will be repealed by operation of law on the following day.
6. Certificate of Compliance as to 2-1-93 order transmitted to OAL 5-20-93 and filed 6-8-93 (Register 93, No. 24).
7. New subsection (a)(3)(H) and amendment of Note filed 4-7-95 as an emergency pursuant to Penal Code section 5058; operative 4-7-95 (Register 95, No. 14). A Certificate of Compliance must be transmitted to OAL by 9-14-95 or emergency language will be repealed by operation of law on the following day.
8. New subsection (b)(4) filed 5-5-95; operative 6-5-95 (Register 95, No. 18).
9. Certificate of Compliance as to 4-7-95 order transmitted to OAL 6-26-95 and filed 7-25-95 (Register 95, No. 30).
10. Amendment of subsections (c), (d) and (e)(1) filed 12-23-96 as an emergency; operative 12-23-96 (Register 96, No. 52). Pursuant to Penal Code section 5058(e), a Certificate of Compliance must be transmitted to OAL by 6-2-97, or emergency language will be repealed by operation of law on the following day.
11. Amendment of subsections (c), (d) and (e)(1) refiled 5-29-97 as an emergency; operative 6-2-97 (Register 97, No. 22). A Certificate of Compliance must be transmitted to OAL by 9-30-97 or emergency language will be repealed by operation of law on the following day.
12. Editorial correction of History 11 (Register 97, No. 24).
13. Certificate of Compliance as to 5-29-97 order transmitted to OAL 9-25-97 and filed 11-7-97 (Register 97, No. 45).

§084.6. Appeal Time Limits.

(a) Commencement. Time limits for submitting or reviewing appeals shall commence upon the date of receipt of the appeal document by the appeals coordinator or the appellant.

(b) Departmental response. Appeals shall be responded to and returned to the appellant by staff within the following time limits:

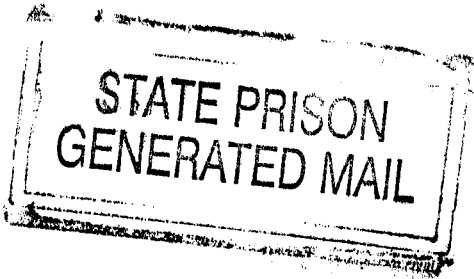
(1) Informal level responses shall be completed within ten working days.

(2) First level responses shall be completed within 30 working days.

(3) Second level responses shall be completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(a)(3).

RECEIVED

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